

Kansas
Strategic Prevention Framework
State Incentive Grant:

Final Evaluation Report



2007-2012

This Evaluation Report was submitted by:



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Kansas SPF-SIG Funded Partner Coalitions including: Clay Counts Coalition, Drug Free Osage County Coalition, Finney County Community Health Coalition, Harper County Interagency Coordinating Council, Kingman County Substance Abuse Prevention Group, Linn County Children's Coalition, Nemaha County United 4 Youth Coalition, Quality of Life Coalition, Reno County Communities that Care Association, Russell County Community Partnership, Safe Streets Coalition, Liberal Area Coalition for Families, Sumner County Community Drug Action Team, Woodson County Interagency Coalition

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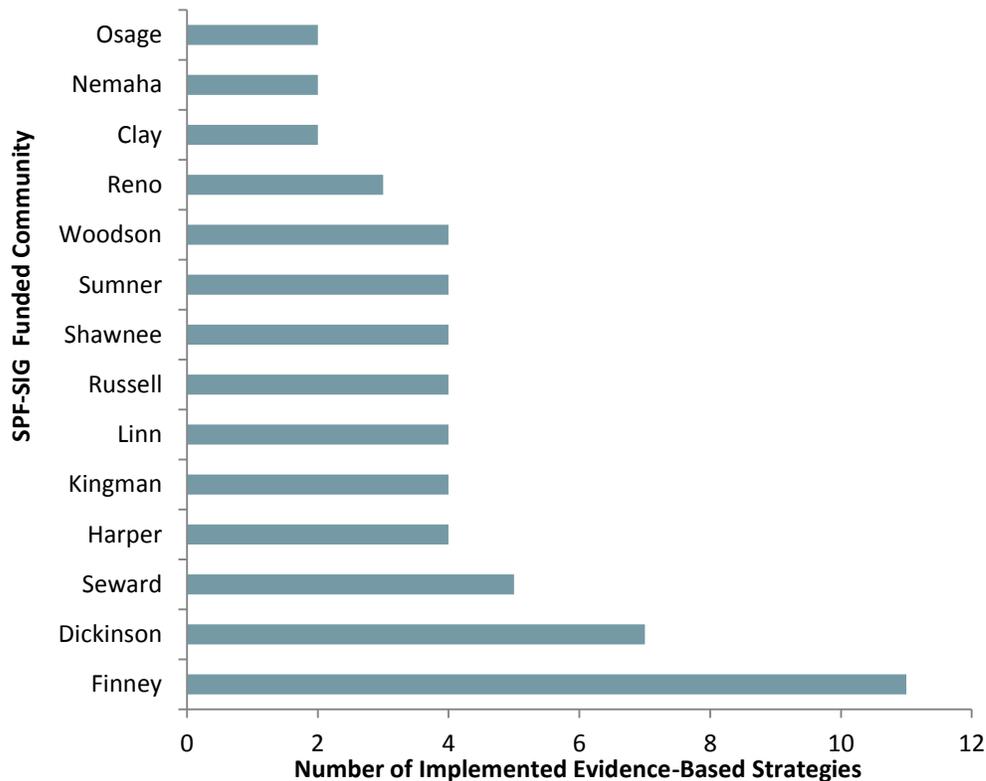
Executive Summary

This report summarizes the results of the Kansas Strategic Prevention Framework-State Incentive Grant (SPF-SIG) awarded to the Kansas Department of Social and Rehabilitation Services by the Center for Substance Abuse Prevention (CSAP) for the years 2007 through 2012.

Evidence-Based Strategies

Thirty evidence-based strategies were implemented across SPF-SIG funded communities, with on average four strategies implemented by each community. The most commonly implemented strategy by SPF-SIG funded communities was Communities Mobilizing for Change on Alcohol (CMCA). The majority of evidence-based strategies were programs, and nearly half of all strategies were implemented through the schools. The figure below shows the number of evidence-based strategies implemented by each SPF-SIG funded community.

NUMBER OF EVIDENCE-BASED STRATEGIES ACROSS SPF-SIG FUNDED COMMUNITIES



SPF-SIG funded communities reported very few adaptations in the implementation of evidence-based strategies. The majority of the reported adaptations involved the adjustment of session delivery to accommodate school and holiday schedules.

Individuals Served through Program Implementation

It is estimated that through the various strategies implemented, including the statewide media campaign, the Kansas SPF-SIG has reached approximately 449,874 individuals across the 14 communities.

Number Reached/Served by Strategy Type

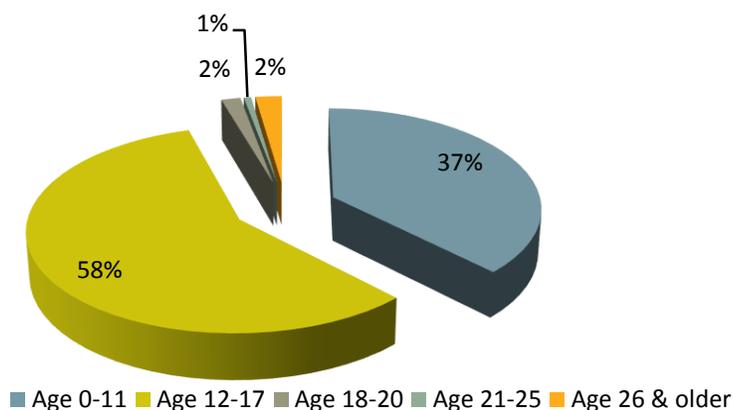
The table shows the number of strategies and individuals served by strategy type. Ninety-three of the individuals reached through the SPF-SIG were through environmental strategies. Nearly, 30,000 individuals were reached through prevention education programs, which accounted for six percent of the total numbers served.

INDIVIDUALS SERVED BY STRATEGY

Type of Strategy	Number of Strategies	Count of Individuals Served
Prevention Education	15	29,165
Problem Identification & Referral	2	115
Alternative Drug-Free Activities	4	1,309
Information Dissemination	1	4,261
Environmental & Community-Based Processes	3	449,874

The figure shows the distribution of individuals served through SPF-SIG programs by age group. Approximately, 58 percent of all individuals served were between 12 to 17 years, and 37 percent were ages 11 years or younger.

PERCENTAGE OF INDIVIDUALS SERVED BY AGE GROUP



Implementation of Community Strategic Plans

For each identified strategy, SPF-SIG funded communities developed community strategic plans specifying how the strategies would be implemented by whom within a certain timeframe. SPF-SIG funded communities identified 1,208 specific action steps to support implementation of the 30 evidence-based strategies. More than 90% of the action steps identified in the plans were completed during the funding period.

Community Changes Supporting Plan Implementation

Through the implementation of action steps, 802 community changes (i.e., new or modified programs, policies, or practices) were facilitated by coalition partners across the 14 SPF-SIG funded communities. On average, 57 community changes were facilitated by individual SPF-

There were more substantial improvements in influencing factor outcomes aggregately across the 14 SPF-SIG funded communities for those factors for which there was a larger proportion of community changes and concentrated prioritization across SPF-SIG funded communities.

SIG funded communities. Approximately, 36% of the community changes related to new or modified programs. The remaining 64% of community changes were environmental strategies, with 6% being policy changes and the other 58% practice changes.

Community changes were distributed across implemented strategies, with some strategies being more commonly prioritized across SPF-SIG funded communities. For example, almost 30% of the community changes were related to CMCA, and more than 10% of community changes were related to the statewide media campaign.

In fostering community changes, communities of practice were supported by the SPF-SIG funded communities. Communities of practice occasioned opportunities for representatives from similar sectors across or within communities to engage in supporting and coordinating prevention activities. Across the 14 SPF-SIG funded communities, six of the twelve key community sectors identified as key to supporting prevention efforts were identified to have engaged in communities of practice. Sectors involved in communities of practice included: youth, civic and volunteer groups, media, religious organizations, schools, and law enforcement.

Prioritized Influencing Factors

In the community strategic plans, objectives were developed to identify the level of change in targeted influencing factors desired to be achieved in each SPF-SIG funded community. There were 58 identified objectives related to influencing factors across the community strategic plans. The most commonly prioritized influencing factors across the 14 SPF-SIG funded communities were social norms, social access, and enforcement, with approximately 38% of all objectives across counties prioritizing social norms. Across the SPF-SIG communities, there was a larger distribution of community changes associated with influencing factors that were more commonly prioritized across the 14 SPF-SIG funded communities with, the largest distribution of community changes across counties associated with social norms (48.7%),

Program Participant Baseline and Exit Survey Questions

Each of the 13 programs had baseline and exit survey questions related to the specific curriculum. In addition, all program surveys included core questions from the National Outcome Measures. Participant survey questions included:

- (1) 30-day alcohol – On how many occasions (if any) have you had beer, wine or hard liquor during the past 30 days?
- (2) Binge drinking – Think back over the last two weeks. How many times have you had 5 or more alcoholic drinks in a row?
- (3) Risk of harm from alcohol use – How much do you think people risk harming themselves if they take one or two drinks of an alcoholic beverage nearly every day?
- (4) Disapproval attitude toward drinking alcohol– How wrong do you think it is for someone your age to drink beer, wine, or hard liquor (at least once or twice a month)?

Underage Drinking-Related Outcomes

Program Participant Outcomes

Survey data were submitted for approximately 21,000 respondents participating in thirteen various SPF-SIG funded prevention education programs implemented in 13 of the 14 SPF-SIG communities. Surveys from 7,601 students (36%) had matching or paired baseline and exit surveys based on using the same unique ID at baseline and program exit.

Students Reporting Alcohol Use at Baseline

The majority of students participating in the prevention programs were not engaged in drinking at baseline or post-intervention. Aggregate survey findings across all program participants did not show significant results. However, there were 6,103 youth (85%) who reported at program entry that they did **not** drink alcohol in the past 30 days, which may have created a ceiling effect. To address this issue, further analysis was conducted with data only from youth who reported drinking at baseline to examine whether those youths who reported drinking at baseline experienced a change in behavior or perception after participation in the program.

Paired-samples t-tests were calculated to show change in behavior and attitude from baseline to program exit for the same sample of students who reported having engaged in alcohol consumption. For those youth who reported drinking alcohol in the 30-days prior to program implementation, there were fewer youth reporting drinking alcohol after program implementation during the exit survey. A significant reduction was found for mean binge drinking, increased perception of risk of harm from regular alcohol use, and disapproval of youth alcohol use changed significantly from baseline to exit in the desired direction.

For youth that reported past 30-day alcohol use at baseline, there were statistically significant results found for all four National Outcome Measures.

Program Participant Outcomes

There were 11 programs for which both baseline and exit survey data were available for the same youth reporting 30-day alcohol use at baseline. A significant reduction in past 30-day alcohol use was demonstrated overall for participants in the 11 programs. For 64% of the programs, there was also a reduction in past two-week binge drinking, of which participants in one program (Positive Action) experienced a statistically significant improvement. Nearly, all of the programs (91%) increased perceived risk of harm from

alcohol use for participants, of which three programs had significant changes. For 82% of the programs, there were gradual improvements and change in the desired direction for reported disapproval of youth alcohol use by participants, four of which were statistically significant.

Reductions in Reported 30-Day Alcohol Use

The following table shows both the reduction of past 30-day alcohol use in the SPF-SIG communities and the State overall from 2007, the baseline year, through 2012, the final year of Kansas SPF-SIG. Data aggregated across all 14 SPF-SIG communities show a 9.6 percentage point decrease in reported

By 2012, all 14 SPF-SIG communities reduced youth underage drinking from the 2007 baseline, as measured by youth self-reported alcohol use.

30-day alcohol use, which corresponded to a 28.9 percent change decrease. In comparison, the state experienced a 5.4 percentage point reduction, or 18.6 percent change decrease in reported 30-day alcohol use during this same period. The SPF-SIG communities experienced a more substantial decrease in self-reported 30-day alcohol use, with SPF-SIG communities experiencing a slightly lower percentage of youth reporting drinking in the past 30 days than the state average by the end of the grant.

ANNUAL COMPARISON OF SPF-SIG COMMUNITY & STATE 30-DAY ALCOHOL USE

Percentage of Youth Reporting Past 30-Day Alcohol Use	2007	2008	2009	2010	2011	2012	2012 Decrease from 2007 Baseline	Percent Change
SPF-SIG Communities	33.2	28.9	28.8	27.3	25.4	23.6	-9.6	-28.9
State	29.1	27.2	26.9	25.6	24.2	23.7	-5.4	-18.6

Reduction in Youth Past Two-Week Binge Drinking

For the SPF-SIG communities, the overall reduction in past two-week binge drinking was even more dramatic than demonstrated for past 30-day alcohol use. From the 2007 baseline to 2012, there was a 31 percent change decrease for the SPF-SIG communities with an eight percentage point reduction in youth binge drinking compared to the state reduction of three percentage points. By 2012, the prevalence of binge drinking in SPF-SIG communities had been reduced to be nearly the same as the state average. Within SPF-SIG districts, rates of past-30-day alcohol use and binge drinking significantly decreased overall, and at every grade level from baseline in 2007 to post-SPF intervention in 2012.

ANNUAL COMPARISON OF SPF-SIG COMMUNITIES AND STATE PAST TWO-WEEK BINGE DRINKING FROM 2007 TO 2012

Percentage of Youth Reporting Past Two-Week Binge Drinking	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
SPF-SIG Communities	18.3	16.2	16.2	15.0	12.9	12.6	-5.7	-31.1
State	15.6	15.2	14.7	13.8	12.7	12.4	-3.2	-20.5

District-Level Data for SPF-SIG and Matched Comparison Communities

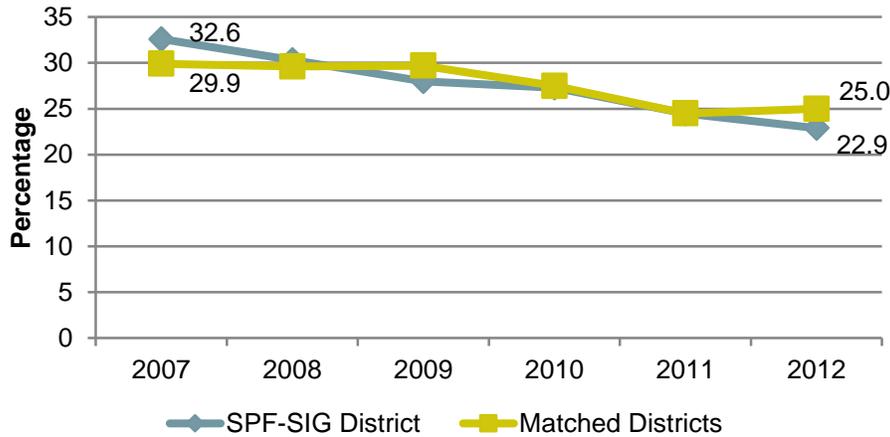
A quasi-experimental design matched the 38 school districts in SPF-SIG communities with comparable non-funded school districts based on a rigorous matching criteria. A multiple-year baseline was used to strengthen quality and reliability of matches.

Results for 30-Day Alcohol Use for SPF-SIG & Comparison Districts

Analysis of Variance was used to test for differences in past 30-day alcohol use among SPF-SIG and matched comparison districts at each year from the baseline in 2007 to post-intervention in 2012. Results show a statistically significant difference between SPF-SIG and matched districts in both 2007 and 2012. The SPF-SIG funded districts started with a higher percentage of youth self-reporting past-30-day alcohol use than the non-funded matched districts, but had a lower percentage than their matched counterparts by 2012. As shown in the following graph, there was a more substantial 9.7 percentage point reduction in youth self-reported 30-day alcohol use for SPF-SIG districts.

Results show a statistically significant difference between SPF-SIG district and matched districts in both 2007 and 2012 with SPF-SIG districts having lower mean alcohol use.

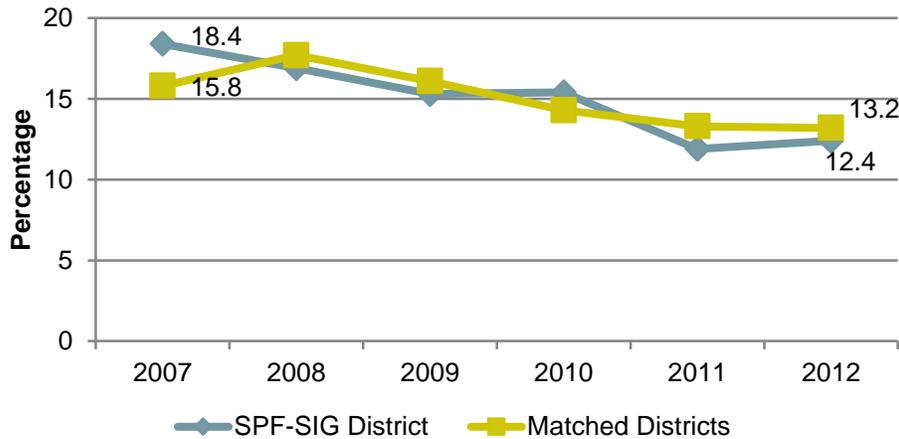
PERCENTAGE OF YOUTH SELF-REPORTED 30-DAY ALCOHOL USE FOR SPF-SIG AND MATCHED COMPARISON DISTRICTS



Differences in Effects of Binge Drinking for SPF-SIG & Comparison Districts

Similar to the findings for past 30-day alcohol use, statistically significant differences between SPF-SIG districts and matched districts were found in 2007 and 2012. The figure below illustrates that SPF-SIG districts started with higher percentage of youth self-reported binge drinking than the non-funded matched districts. By 2012, the SPF-SIG districts had a lower percentage of youth self-reported binge drinking than their matched counterparts for student-reported past two-week binge drinking. Overall, SPF-SIG districts demonstrated a 6.0 percentage point reduction in binge drinking compared to a 2.6 percentage point reduction in the matched districts.

PERCENTAGE OF YOUTH SELF-REPORTED BINGE DRINKING FOR SPF-SIG AND MATCHED COMPARISON DISTRICTS



Enhancing State and Community Capacity for Prevention Efforts

Enhancing State Infrastructure through Systems Changes

Between 2007 and 2012, the state prevention system facilitated 63 system-level changes through the SPF-SIG grant to enhance the Kansas state infrastructure to

support substance abuse prevention efforts. Approximately 96.8% of system changes were new or modified practices. The remaining 3.2% of system-level changes were programs, and there were no documented policy changes reported at the state level. The system changes related to programs were wide-reaching and included TeenThinking, the statewide media campaign.

Community Readiness, Collaboration, and Capacity to Address Underage Drinking

The capacity of SPF-Funded communities to address underage drinking was measured during baseline in 2008 and post-intervention in 2012. The two measures used to examine changes in community collaboration and capacity was the *Tri-Ethnic Research Center Community Readiness Assessment* and the *Kansas SPF-SIG Collaboration and Capacity Survey*. Key findings from these measures show that post-intervention:

- Improvements were found in community efforts to address underage drinking, resources related to underage drinking and increased community leadership.
- An increase in the percentage of respondents who said there is a network of people concerned with underage drinking who stay in touch with each other.
- More community agencies and organizations coordinate activities to prevent underage drinking.
- An increase in the percentage of respondents who said agencies work together in the community to address underage drinking.
- Coalitions had many more active partners from various community sectors
- Compared to 51% in 2008, a much smaller percentage of respondents (13%) stated that SPG-SIG is their only source of funding.

Contextual Factors Influencing SPF Implementation

The SPF-SIG funded communities reported on the prevalence of 19 contextual factors to better understand conditions that enhanced prevention-related activities. The five most commonly noted contextual factors reported by 80% or more of SPF-SIG funded communities included: lack of supervised drug-free activities for area youth, cultural attitudes or practices conducive to high substance use, lack of community awareness of the extent or consequences of substance abuse, lack of law enforcement staff, laws/policies, poor enforcement of laws/policies, easy access to alcohol by underage individuals, and lack of resources in rural areas.

Contextual factors were also reported at the state level. The state-level contextual factors that negatively influenced implementation of the SPF included changes in prevention funding sources or levels, changes in jurisdictional leadership, economic-related changes. New legislation was reported as a contextual factor that positively impacted state-level implementation of the initiative.

Kansas SPF-SIG Evaluation Report

Background and Introduction

In September of 2005, the Kansas Department of Social and Rehabilitation Services was awarded a five-year, \$10 million, Strategic Prevention Framework State Incentive Grant (SPF-SIG) from the Center for Substance Abuse Prevention (CSAP). The Strategic Prevention Framework was designed to: (1) prevent and reduce substance abuse, including underage drinking; (2) reduce problems in communities related to substance abuse; and (3) enhance prevention capacity and infrastructure at the state and community levels (Substance Abuse and Mental Health Services Administration, 2011). The SPF consists of the following five phases which should be completed at both the state and community levels: (1)

Assessment- conduct a needs assessment, including the establishment of a State Epidemiological Outcomes Workgroup (SEOW); (2) Capacity- mobilize and build state and community capacity to address needs; (3) Planning- develop a state and community-level strategic plan for prevention; (4) Implementation- implement evidence-based prevention practices to meet state and community needs; and (5) Evaluation- monitor and evaluate the implementation of the model and strategies.

FIGURE 1. STRATEGIC PREVENTION FRAMEWORK



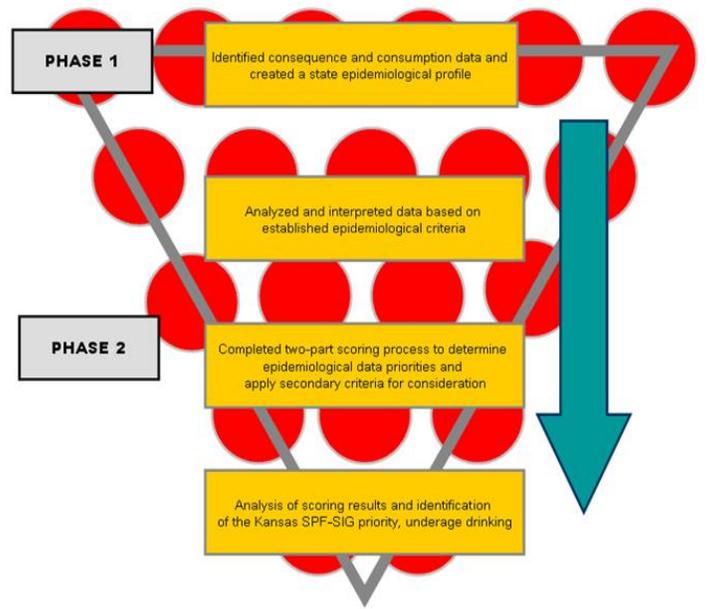
Kansas SPF Activities

Phase 1: Assessment

To support implementation of the SPF model, the Kansas Substance Abuse Profile Team (KSAPT) completed work on the *Kansas Substance Abuse Epidemiological Indicators Profile* in March 2007. This statewide profile examined the burden of substance abuse consequences and consumption patterns and provided a framework for identifying substance abuse priorities in Kansas. A summary of the profile was presented to the stakeholders of the Kansas SPF Advisory Council, which was comprised of a diverse group of decision makers across state and local agencies and organizations, community representatives, and prevention partners. This group was responsible for making the final recommendations concerning Kansas substance abuse prevention priorities, as well as providing oversight for the Kansas SPF-SIG. Additionally, the state epidemiological profile was presented to the Prevention Coordinating Council (PCC) for review and feedback. In response to this feedback, it was determined that multiple techniques should be used to provide guidance toward setting substance abuse priorities in Kansas.

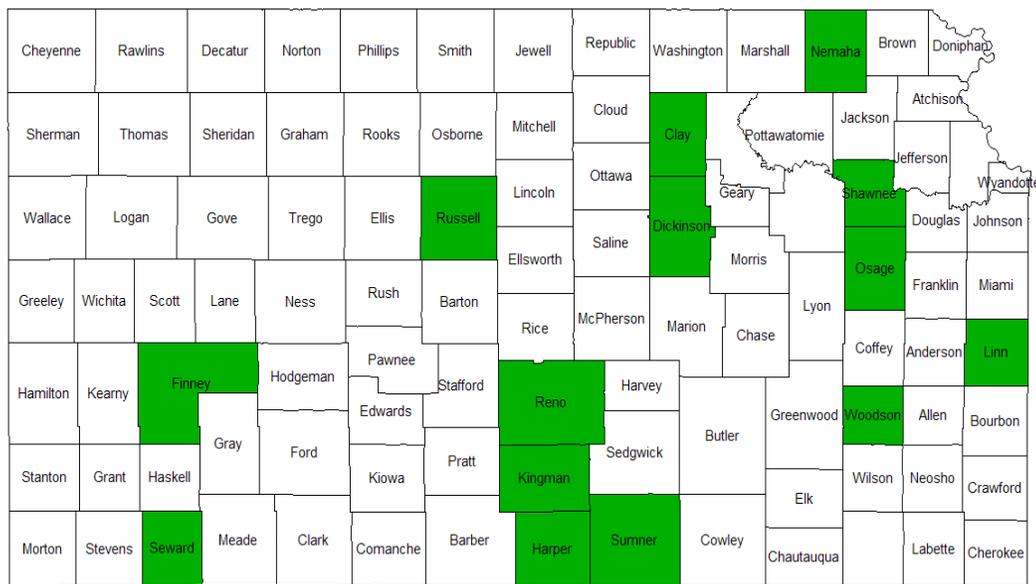
The following figure summarizes the prioritization process utilized to identify priority issues to be addressed through the Kansas SPF-SIG. Based on both a data-informed prioritization process and facilitated discussion among SPF Advisory Council members, alcohol was identified as the most regularly consumed substance with the potential for dependence or abuse by both adults and youth in Kansas. Group consensus identified underage drinking, as measured by past 30-day alcohol use and past two-week binge drinking, as the priority to address in Kansas through the SPF-SIG. The Council made this recommendation based on the funding available for the project, the associated timeline, the rank ordered results of the prioritization process, and the prevalence of drinking among youth in grades 6, 8, 10, and 12 from the Kansas Communities That Care (KCTC) student survey.

FIGURE 2. KANSAS SPF-SIG PRIORITIZATION PROCESS



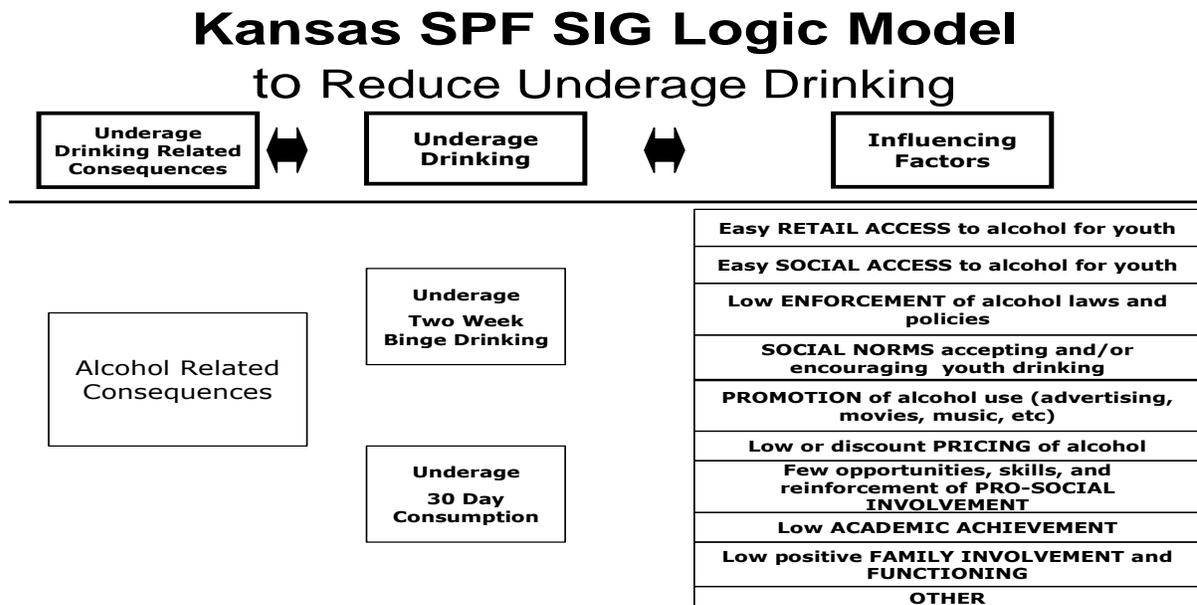
After the priority of underage drinking was established, communities across the state of Kansas were invited to submit a pre-bid application to determine eligibility for future funding. Based on the quality of the pre-bid applications, a subset of communities were invited to apply for a planning grant. Through a comprehensive scoring and review process based on prevalence, contribution, and capacity, the Advisory Council recommended 14 communities for planning grant funding. Community coordinators attended SPF-SIG orientation and assessment training and state-level training teams also went to each community to train and work with

FIGURE 3. KANSAS COUNTIES WITH SPF-SIG FUNDED COMMUNITIES DISPLAYED IN GREEN



community data workgroups for completion of local needs assessments. Communities completed the needs assessment and logic model using local data and technical supports provided by the state Project Team, including an assessment guidance document and assistance from the state training team. Local data guided communities in identifying specific influencing factors underlying underage drinking in the area. The figure below shows the state-level logic model and nine influencing factors associated with underage drinking in Kansas.

FIGURE 4. KANSAS SPF-SIG LOGIC MODEL



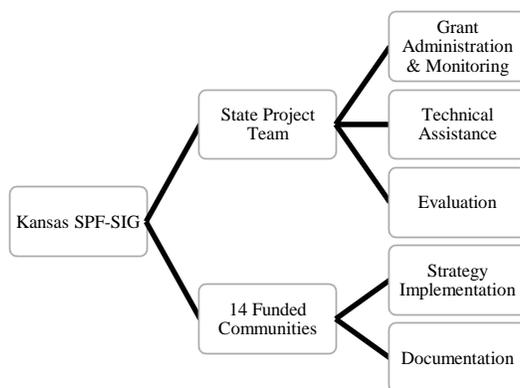
Phase 2: Capacity

The Kansas prevention infrastructure had data evaluation capacity to support the SPF-SIG. In 2007, the state had 13 years of KCTC student survey data accessible online to provide communities with county-level data concerning substance abuse prevalence, profiles of local risk and protective factors, validated social indicators and the ability to view and create customized reports and trend charts. In addition, the prevention infrastructure included the ability for community coalitions and Regional Prevention Centers to document and track activities through the Online Documentation and Support System.

Even with the existing infrastructure, the success of the Kansas SPF-SIG was largely due to additional development and capacity enabled through the SPF-SIG. The state enhanced its technical support system through the development of a SPF-SIG Project Team, which was comprised of the Kansas SPF-SIG Project Director, trainers, technical assistance providers, and evaluators. The Project Team members provided funded communities with the training, resources, and technical assistance in areas of expertise. In addition, communities were provided with extensive technical assistance throughout the life of the grant. Technical assistance included monthly individual calls to discuss implementation success and challenges. In addition, communities met quarterly with the SPF-SIG Evaluation Team to review and make sense of both their process and outcome data with a focus on monitoring

and improvement. These were some of the activities that increased capacity at the community level to support the other phases of the strategic prevention framework. Technology-based resources also enhanced capacity at both the state and community levels. Development of an online shared community Workstation housed comprehensive data and assessment resources, allowed for information and resources sharing and dissemination, and supported the establishment of virtual communities of prevention practitioners across community sectors.

FIGURE 5. INFRASTRUCTURE SUPPORTING THE KANSAS SPF-SIG INITIATIVE



Phase 3: Planning

The SPF-SIG funded communities completed a nine-month process for training and implementation to support an assessment, capacity-building, and planning activities, which prepared the communities for successful implementation and evaluation. Training on strategic planning and evidence-based strategy identification assisted communities in the development of a strategic community plan that specified programs, practices, and policies to be facilitated by communities in addressing prioritized influencing factors. It was required that all strategies be evidence-based.

For the Kansas SPF-SIG, the following requirements were needed to be evidence-based: (1) Included in a federal list or registry of evidence-based intervention strategies, **or** (2) Reported in a peer-reviewed journal to have produced positive results, **or** (3) Documented as effective based on evidence that the intervention was based on a solid theory with validated research, and the intervention was supported by a documented body of knowledge with converging empirical evidence of effectiveness, and the intervention was judged by a consensus of informed experts to be effective based on their combined knowledge of theory and their research and practice experience.

Communities were encouraged to take a comprehensive, yet, balanced approach to strategies including a mix of programs for individuals as well as population-based environmental strategies. The training emphasized the importance of examining strategies for good conceptual and practical fit, as well as selecting strategies that could be sustained. Community plans were submitted to the SPF-SIG Project Team for review and approval.

Phase 4: Implementation

There were 30 evidence-based strategies implemented across all SPF-SIG funded communities. Strategies included programs, policies, and practices evidenced to address underage drinking or related prioritized influencing factors. Implementation efforts were reported by communities using the Online Documentation and Support System. Implementation activities were recorded in the Community-Level Instrument documented in SAMHA's online Management Reporting Tool.

Phase 5: Evaluation

To help ensure the development of a high quality evaluation, an Evaluation Design Team (EDT) comprised of well-respected social and public health scientists was gathered to: (1) identify the critical factors needed for successful community reduction of underage drinking, and (2) to develop the appropriate evaluation questions and design. The list of EDT membership can be found in the Appendices. A quasi-experimental design was recommended to most accurately assess the effectiveness of the Strategic Prevention Framework as a model for successful prevention of underage drinking.

The Kansas SPF-SIG evaluation was supported by a joint team of evaluators from the Center for Learning Tree Institute (Greenbush) and the Work Group for Community Health and Development at the University of Kansas (KU Work Group). The Evaluation Team coordinated and guided the evaluation efforts for the state and the 14 SPF-SIG communities. The evaluation of the SPF-SIG examined both outcome and process measures to understand how implementation of the SPF contributed to potential improvements in addressing adolescent substance abuse. As shown in the figure below, outcomes measures analyzed included: (a) changes in youth self-reported 30-day use and binge drinking, (b) changes in influencing factors (e.g., social access, social norms, enforcement) related to underage drinking, and (c) changes in program participant attitudes and behaviors. Process and implementation measures included examining (a) community and system changes (i.e., program, policy, and practice changes) implemented by the State and in SPF communities to address identified influencing factors, (b) fidelity of implementation of evidence-based strategies, (c) levels of implementation of community strategic plans to address underage drinking; and (d) fidelity of implementation of the SPF model and contextual factors influencing implementation.

Key Evaluation Questions

What state and community contextual factors affected SPF implementation?

Were SPF processes and milestones implemented?

To what extent were SPF-SIG plans implemented by the state and communities?

What evidence-based strategies were implemented by SPF-SIG communities, and were they adapted?

Were strategies fully implemented with fidelity?

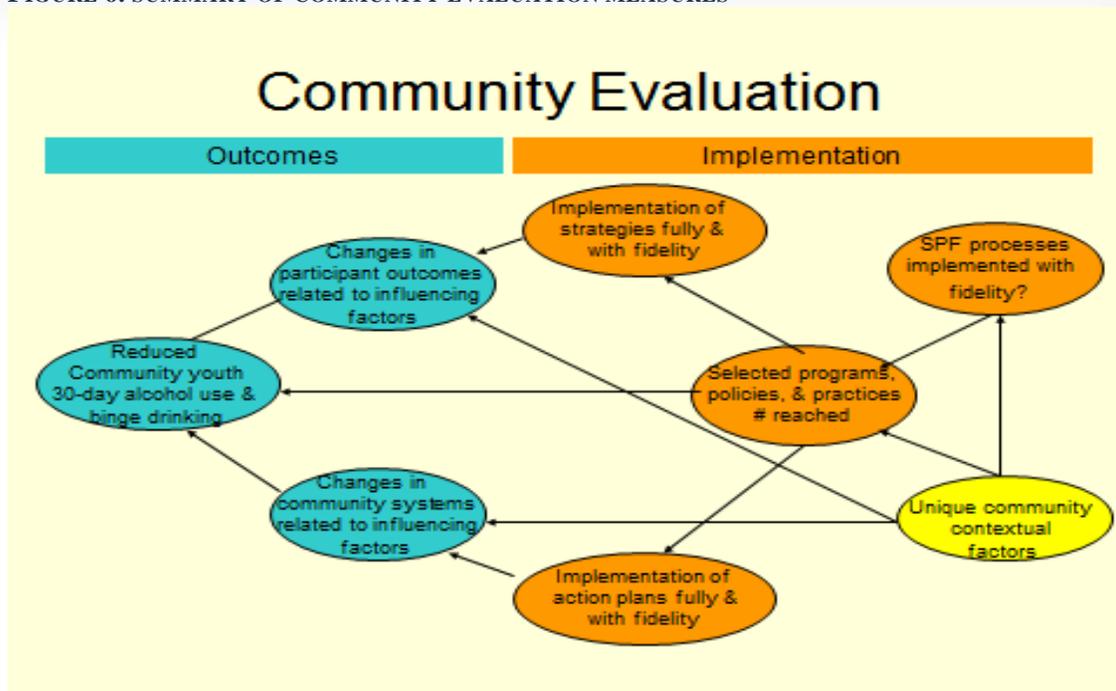
How many people were reached by strategies?

Did programs change participant outcomes for underage drinking?

Did implementation of action plans result in community changes related to influencing factors?

Were there changes in underage drinking based on historic values and matched comparisons?

FIGURE 6. SUMMARY OF COMMUNITY EVALUATION MEASURES



Kansas Strategic Plan and Completion of Milestones

The summary table below provides an overview of the milestones identified in the state plan to support implementation of each of the five steps of the strategic prevention framework. In the Appendix, a more detailed table is provided which summarizes the activities, events and deliverables at the state and community levels associated with the successful completion of each milestone identified in the plan.

The majority of the milestones supporting implementation of the Kansas SPF plan were evidenced to have been completed. There were only two milestones listed in the state plan that were not completed. Both of the incomplete milestones supported the development of 'workgroups' related to each of the five SPF steps. The workgroups were developed to support implementation of specific content and to ensure that processes were consistent with the strategies being created and implemented across the prevention network. The plan stated that each work group would focus on infusing cultural capacity and sustainability into work plans and products to be applied throughout the statewide prevention network. Although workgroups were not employed as specified in the initial state plan, similar processes were supported through the development of an active Project Team. Based on technical support provided by the project team, each community completed both cultural capacity and sustainability plans.

TABLE 1. MILESTONES RELATED TO KANSAS SPF-SIG IMPLEMENTATION

Kansas SPF-SIG Milestones and Related Activities Supporting Implementation		
<i>Status: X indicates milestone was completed; Level: S = State, C = Community</i>		
Status	Level	Step 1: Assessment
X	S	Continuation of the epi process and ongoing involvement of SEOW/KSAPT
X	S	Provide online access to community level data and assessment resources
X	S	Build capacity for analysis of community level epi data
X	C	Analysis of community data, including causal factors/intervening variables
X	C	Build capacity for assessment of local capacity, collaboration, and readiness
Status	Level	Step 2: Capacity
X	S	Continuation and capacity building for SPF Advisory Council
	S	Provide facilitation for the workgroups organized during Year 1
X	S	Develop and implement TA response to community readiness needs identified in Year 1
X	S	Develop and implement TA response of community organizational, fiscal, and cultural competence needs identified in Year 1
X	S	Provide training and TA for community implementation of SPF process
X	S	Establish and provide TA for Virtual Communities of Prevention Practice
X	S	Continue state level SPF process to support sustainment
X	C	Implementation of SPF process in target communities
Status	Level	Step 3: Planning
X	S	Identify ongoing planning needs to support statewide implementation of SPF
X	S	Provide training and TA regarding selection of policies, programs, and practices
X	S	Provide community-level online technical assistance for assessing fit, scope, saturation, intensity and alignment of proposed Evidence-Based Strategies
X	C	Support the development of data-driven community logic models and plans
X	C	Support the development of community level evaluation plans
Status	Level	Step 4: Implementation
	S	Coordinate implementation of state plan and workgroup contributions
X	S	Provide consultation and online access resources to support effective implementation of policies, programs, and practices
X	S	Monitor and ensure communication with state and community stakeholders
X	S	Support community level implementation and evaluation of strategic plans
X	S	Coordinate implementation of community level evaluation plan
X	C	Community level implementation of strategic plans and evidence-based strategies
Status	Level	Step 5: Evaluation
X	S	Provide ongoing consultation, TA, and reports to sub-recipients and state advisory groups
X	S	Analysis of state level infrastructure and implementation change
X	S	Analysis of community level evaluation data to review effectiveness of evidence-based strategies
X	C	Ongoing community level data collection and reporting for monitoring and evaluation

Community Capacity to Address Underage Drinking

The capacity of SPF-Funded communities to address underage drinking was measured during baseline in 2008 and post-intervention in 2012. The two measures used to examine changes in community collaboration and capacity was the *Tri-Ethnic Research Center Community Readiness Assessment* and the *Kansas SPF-SIG Collaboration and Capacity Survey*.

Tri-Ethnic Research Center Community Readiness Assessment

The Tri-Ethnic Center’s Community Readiness Assessment utilized key informant interviews which were then scored to determine a community’s degree of readiness across the following six dimensions: (1) Community Efforts, (2) Community Knowledge of the Efforts, (3) Leadership, (4) Community Climate, (5) Community Knowledge about the Issue, and (6) Resources Related to the Issue.

As seen in the table below, substantial changes were found between the baseline and post-intervention assessments across all SPF-SIG communities in the following areas: community efforts, resources related to underage drinking, and leadership.

TABLE 2. TRI-ETHNIC COMMUNITY READINESS ASSESSMENT CHANGES BY DIMENSION

Dimensions	Mean Baseline	Mean Exit	Difference Baseline to Exit
Efforts	3.8	6.4	2.5
Community Knowledge of Efforts	3.4	5.3	1.9
Leadership	3.7	5.8	2.1
Community Climate	3.3	4.5	1.2
Community Knowledge of the Issue	3.4	5.1	1.7
Resources	3.3	5.5	2.3

TABLE 3. TRI-ETHNIC MODEL OF STAGES OF COMMUNITY READINESS

Stage of Readiness	Description of Stage
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 directions

An overall degree of readiness for the communities was also determined based on the nine stages or levels of readiness identified in the Tri-Ethnic Model. Overall, SPF-SIG community baseline scores ranged from 3.0 (vague awareness) to 4.4 (preplanning). SPF exit scores ranged from 3.9 (preplanning) to 7.0 (stabilization). All 14 SPF-SIG communities increased their level of readiness from baseline to exit. At exit, four communities were at the preplanning stage, one was at preparation, seven were at initiation and two were at stabilization. The following table provides a brief description of each stage of readiness.

Kansas SPF-SIG Collaboration and Capacity Survey

The *Kansas SPF-SIG Collaboration and Capacity Survey* was an online survey designed to gain information about how organizations in communities worked together to reach common goals related to underage drinking. The survey assessed coalition capacity for sharing resources, building relationships, and communicating. The survey was comprised of 23 items which supported three sections and included: demographics, collaboration, and capacity. To ensure diversity of perspective, each community was required to get a minimum of one representative from each of the 12 required community sectors to complete the survey. Most communities had many multiple representatives from each of the sectors. Representatives were identified from the following 12 community sectors: (1) Business community, (2) Civic and volunteer groups; (3) Healthcare professionals, (4) Law enforcement agencies, (5) Media, (6) Parents, (7) Religious or fraternal organizations, (8) School, (9) State, local, or tribal agencies, (10) Youth, (11) Youth-serving agencies, and (12) Other organizations involved in reducing substance abuse.

A summary is provided noting changes from the 2008 baseline 2012 exit surveys. The following changes were identified related to **Collaboration**.

- For the statement, “ In my community, there is a network of people concerned with underage drinking who stay in touch with each other”: No respondents said that they strongly disagreed with this statement on the post-survey, and only five somewhat disagreed. Compare this to baseline-survey data, which indicated that four respondents strongly disagreed and 19 somewhat disagreed. This suggests that more people are now aware of coalitions and other groups who are concerned about underage drinking.
- There was a large baseline-to-exit increase in respondents who disagreed with the statement, “In my community, agencies and organizations rarely coordinate activities to prevent underage drinking.” A much higher percentage of respondents somewhat or strongly disagreed that agencies and organizations rarely coordinate activities to prevent underage drinking with 80.8% at exit compared to 43.4% at baseline.
- A greater percentage of respondents said that agencies work together in their community to address underage drinking after SPF-SIG implementation than before (93.4% somewhat or strongly agreed at exit vs. 74.2% at baseline).
- Five questions asked specifically how organizations in the community addressed underage drinking. The questions asked about joint meetings,

information-sharing, coordination of strategies, joint planning and decision-making, and sharing of money or personnel. Of these, the largest baseline to exit difference was seen in the percentage of respondents saying that organizations in their community coordinate strategies to prevent and reduce underage drinking. This percentage increased from 17.1% on the 2008 baseline survey to 43.6% on the 2012 exit survey.

- Post-survey responses to the statement, “In my community, each organization has a clearly defined role in carrying out the community’s underage drinking plan,” suggests there is still room for improvement in this area, as shown by 29.1% of respondents somewhat or strongly disagreeing with the statement. However, that percentage is a marked improvement over the 62.5% disagreement rate on the 2008 baseline survey.

A summary of changes related to **Capacity** from the 2008 baseline and the 2012 exit survey is provided.

- The percentage of respondents reporting that their coalition performed various capacity building activities increased for each of the seven surveyed activities from baseline to exit (e.g. awareness, facilitation, partnering, etc.). The largest baseline-to-exit changes were seen in the areas of community mobilization, stakeholder analysis, and negotiation and conflict management. Community awareness continued to be the most common type of activity reported.
- Nearly all coalitions said they had an active partner from each of the community sectors, with the exception of American Indian Tribal Government/Alaska Native Corporation agencies, which was to be expected because of the geographic locations of the targeted communities. These data were compared to the 2008 baseline survey, which showed that while coalitions had many partners most did not have *active* partners from any of the sectors. (For this survey, “active” was defined as attending 50% or more of coalition meetings.) SPF appears to have facilitated increased engagement among coalitions in the grantee communities.
- Responses to the question about coalition funding showed that more respondents now feel as though their coalitions have other sources of funding than the SPF-SIG. On the post-survey, 48.2% of respondents indicated the SPF-SIG was not their only or major source of funding, which was a large improvement over the 14% during the pre-survey. In addition, only 13.4% of post-survey respondents said the SPF-SIG is their only or major source of

Exit survey results from the Capacity portion of the survey show that coalitions had many more active partners from various community sectors after SPF implementation than prior to implementation.

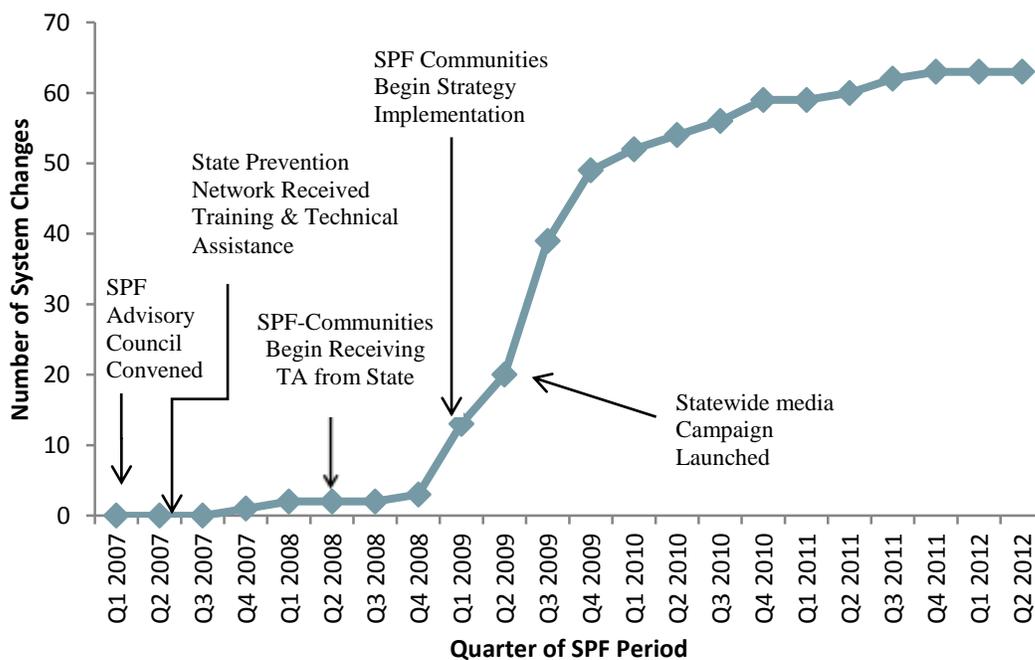
funding, compared to 51.3% on the pre-survey. These data suggest that many coalitions' have supported sustainment efforts.

- Changes related to challenges facing coalitions were related to lack of funding and data or information. The percentage of respondents citing lack of funding as a constraint for their coalition rose from 34.6% in baseline to 49.6% at exit of the SPF-SIG, perhaps indicating growing concern for sustainability as the SPF grant neared its end. Whereas, the percentage of respondents indicating the lack of data or information was a constraint decreased from 13.7% in baseline to 2.3% at the end of SPF-SIG.

State Capacity to Address Underage Drinking Enhancing State Infrastructure through Systems Changes

Between 2007 and 2012, the state prevention system facilitated 63 system-level changes—program, policy, and practice changes-- through the SPF-SIG grant to support substance abuse prevention efforts. The following figure shows the cumulative number of system-level changes facilitated by SPF during the grant funding period.¹

FIGURE 7. CUMULATIVE SYSTEM CHANGES FACILITATED BY SPF, 2007-2012



The data indicate that from 2007 through 2008, there were fewer system-level changes facilitated. During this period, the state engaged in concentrated implementation of the SPF assessment and planning phases. More specifically, prior to the implementation phase in 2009, the state SPF Advisory Council convened in

¹ In a cumulative record graph, the number of system changes is added to the prior number of changes. Relative rates of change are observed by the slope of the line. Steeper slopes suggest a greater increase in the number of system changes, and flatter slopes suggest fewer increases.

2007 and began planning for TeenThinking, a statewide, multisectoral media campaign aimed at reducing underage drinking. In 2009, there was a sharp increase in the number of system changes, as evidenced by the steeper slope compared to other SPF periods. During this period, there were a number of changes related to initial implementation of practices (e.g., documentation training, technical assistance), which facilitated the enhancement of the state infrastructure to support communities in implementing the SPF model. In 2012, there were no system changes facilitated at the state level. Rather, the state supported activities related to continued technical assistance to sub-grantee coalitions, providing ongoing training for documenting efforts at the community level, and analyzing aggregate community-level data (e.g., Kansas Communities That Care student survey data).

Types of System-Level Changes

Between 2007 and 2012, approximately 96.8% of system changes were new or modified practices. Approximately, 3.2% of documented state system changes were programs, and there were no reported policy changes. These programs were wide-reaching in that they included statewide media campaigns and initial supports to communities for implementation of SPF phases. One of the more comprehensive programs implemented across the state was the TeenThinking statewide media campaign (<http://www.teenthinking.org/>). This campaign consisted of efforts aimed at increasing awareness of underage drinking and providing online resources for additional information and support for communities.

State-level systems changes were distributed across the SPF phases, with 47% of the implemented changes related to the evaluation component, and 12.7% of implemented changes supported the implementation phase of the model. Systems changes supporting the implementation phase included training and technical assistance to SPF community-level grantees to support their implementation of the SPF model. One example of systems changes supporting evaluation included survey dissemination and analysis of the National Outcome Measures Survey (NOMS) data with the 14 partnering SPF-SIG communities. The National Outcome Measures survey was developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) to collect and measure outcomes related to mental health and substance abuse.²

Implementation of Comprehensive Media Strategy

The Kansas SPF-SIG supported a comprehensive media campaign across SPF-SIG communities, which was implemented from 2008 through 2012. The media campaign was designed by Walz Tetrick Advertising. A primary component of the campaign involved the TeenThinking.org website, which provided resources for Kansas parents, communities and teens to deal with underage drinking. The media campaign also included print, radio and television ads that were created and deployed and a social media component that was promoted on Facebook and other sites. Although all 14 SPF-SIG communities were required to participate in the media

² Substance Abuse and Mental Health Services Administration. (2005). Measuring outcomes to improve services. *SAMHSA News*, 3(4). Retrieved from http://www.samhsa.gov/SAMHSA_News/VolumeXIII_4/text_only/article9txt.htm

campaign, the communities were provided discretion for how to allocate the advertising resources to support contextual differences at the local level.

To examine youth knowledge of the TeenThinking.org website two survey questions were added to the Kansas Communities that Care (KCTC) survey. The following questions were included on each baseline and exit survey administered throughout the project:

- “Have you heard of or visited the website TeenThinking.org?”
- “If yes, where did you see or hear about it?”

Paired samples t-tests performed on baseline and exit data aggregated from all 14 funded communities showed that youth were significantly more likely to say they had heard of or visited the TeenThinking.org website at the time of exit $t(5719)=12.815$, $p<.001$. In addition, data from individual communities showed that youth were more likely to say they had heard of or visited the TeenThinking.org website at the time of exit in all but one of the 14 SPF-SIG funded communities, with nine of the 14 communities showing significant changes.

Among youth who said they had heard of TeenThinking.org, the largest portion said they heard about it from television ads, followed by brochures or flyers, and friends. Few youth reported hearing about TeenThinking.org from radio or newspaper advertisements. As shown in the table below, these rankings of media outlets were similar across the baseline and exit surveys.

TABLE 4. PERCENTAGE OF TEENTHINKING.ORG REFERRALS BY MEDIUM

Medium	Baseline	Exit
Television	40.3	38.9
Brochure/Flyer	23.2	21.2
Friend	16.2	20.4
Billboard	11.5	11.8
Parent	4.8	4.1
Radio	2.1	1.9
Newspaper	1.9	1.7

Illustrative Example of Evidence-Based Strategies

Programs

- Too Good for Drugs
- Strengthening Families
- Big Brothers Big Sisters
- Keep a Clear Mind
- Class Action
- Life Skills Training
- Lions Quest
- Project Success
- All Stars
- Guiding Good Choices
- Life of An Athlete

Environmental

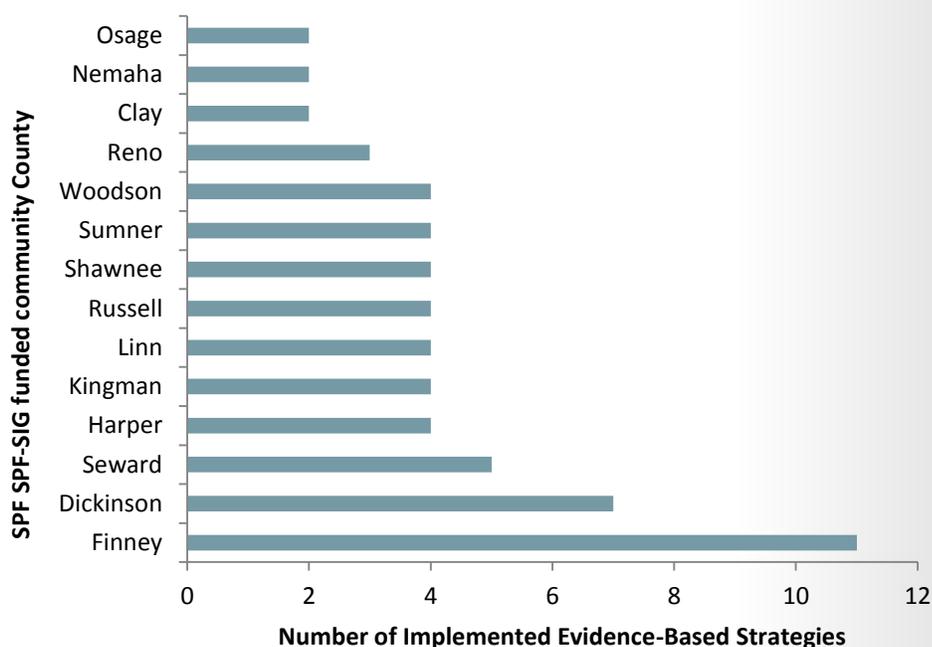
- Communities Mobilizing for Change on Alcohol
- Increased Visibility of Law Enforcement
- Collaboration, Advocacy, and Education with Law Enforcement
- Collaboration with Schools
- Saturation Patrols
- Advocacy and Education
- Sobriety Checkpoints

Evidence-Based Strategy Implementation

Number and Types of Evidence-Based Strategies

There were 30 evidence-based strategies implemented across all 14 SPF-SIG funded communities (see Appendix for description of implemented strategies). On average, four strategies were implemented by SPF communities, with the total number of strategies implemented by individual SPF communities ranging from two to eleven strategies implemented per coalition.

FIGURE 8. NUMBER OF EVIDENCE-BASED STRATEGIES ACROSS SPF-SIG COMMUNITIES



The most commonly implemented evidence-based strategy was Communities Mobilizing for Change on Alcohol (CMCA), with 71% of the 14 SPF-SIG funded communities implementing this strategy. The majority (70%) of evidence-based strategies were programs, and approximately 47% of all strategies were implemented in the school setting. Nearly, all the communities had a good balance of both program and environmental strategies, with all but one community supporting a combination of both prevention education programs and environmental strategies.

Fidelity to Program

Communities implementing prevention education strategies completed fidelity checklists to help ensure that the evidence-based strategies were being implemented according to the protocol found effective by the program developers

Just over 470 fidelity checklists were completed across the 13 communities that implemented prevention education programs, with 92% of all fidelity items reported as being implemented with 'high fidelity' (80-100% of the time, the criterion was met). 'Moderate fidelity' (60-80% of the time criterion was met) was indicated for 7% of items, and 'low fidelity' (<60%) was indicated for 0.8% of items.

Implementation fidelity varied by county and by program.

The most common item associated with moderate and low fidelity was adherence to the frequency of program session delivery. Many facilitators reported that they were unable to maintain the program timing due to lack of access to students during breaks and holidays. As a result, some programs were compressed into a shorter timespan while others stretched out longer than recommended. Other frequently noted items associated with moderate or low fidelity were length and number of sessions, also due to school and student schedules. A couple of communities indicated that facilitators were not adequately trained to implement the programs. Evidence of the high levels of program fidelity reported by communities can be demonstrated by the participant baseline to program exit changes resulting from the programs implemented.

Evidence-Based Strategy Adaptations

SPF-SIG funded communities reported very few adaptations in the implementation of evidence-based strategies. The majority of the reported adaptations involved the adjustment of session delivery to accommodate school and holiday schedules. One coalition reported adapting the strategy to include an additional grade level. Another coalition reported that components of the strategy were omitted due to the setting (juvenile detention center). Overall, grantees reported that strategies were implemented as prescribed by developers.

Implementation of Community and Systems Changes to Address Prioritized Influencing Factors

Influencing and Contributing Factors

Evidence-based strategies were selected based on targeted influencing factors identified to be addressed by the SPF communities. The most commonly targeted influencing factors across the 14 communities were social norms and social access; with approximately 85.7% of communities implementing evidence-based strategies specifically addressing social norms.

Illustrative Examples of Community Changes

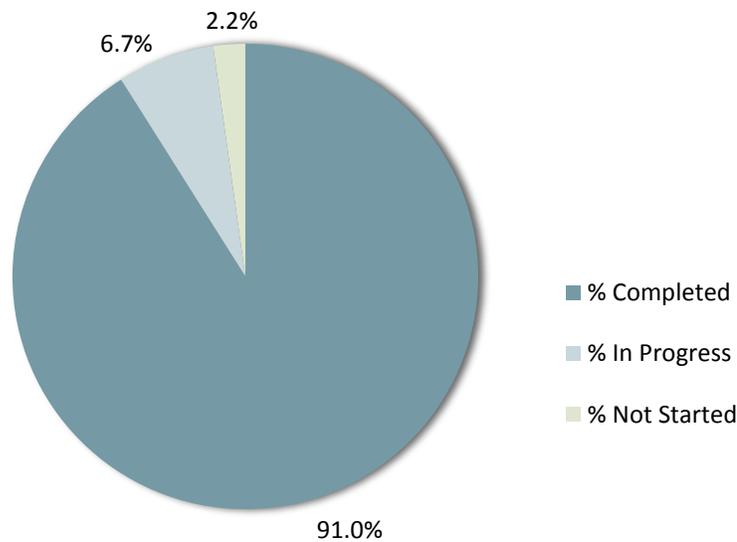
- Program Change: Life Skills Training was implemented at Roosevelt Education Center in Wellington for the first time.
- Policy Change: The City of LaCygne passed the increase of all court cost to go up \$5, and for \$3 of those dollars to be put into a prevention fund to sustain the programs after the grant is gone.
- Practice Change: For the first time, CMCA Youth stood before the USD#353 School Board and discussed the issue of underage drinking.
- Practice Change: For the first time, a bilingual billboard message for the statewide media campaign was displayed in east Topeka, where a predominately large Hispanic population resides.

Across all of the 14 communities, the 30 selected strategies targeted ten influencing factors. Commonly addressed influencing factors targeted by the strategies were academic achievement, family functioning, and social norms, with 43% of the selected strategies having been evidenced to address social norms. A table summarizing evidence-based strategies and associated influencing factors is provided in the appendix.

Implementation of Community Strategic Plans

For each identified strategy, SPF-SIG funded communities developed community strategic plans. The community strategic plans specified how the strategies would be implemented, a timeframe for completion, and who would be responsible for supporting the completion of each action step. Across the 14 SPF-SIG funded communities, there were 1,208 specific action steps identified in the community strategic plan to support implementation of evidence-based strategies. Approximately, 91% of the action steps were completed during the implementation period. The remaining action steps were either in progress, but had not yet been completed or were scheduled for implementation after the conclusion of the grant.

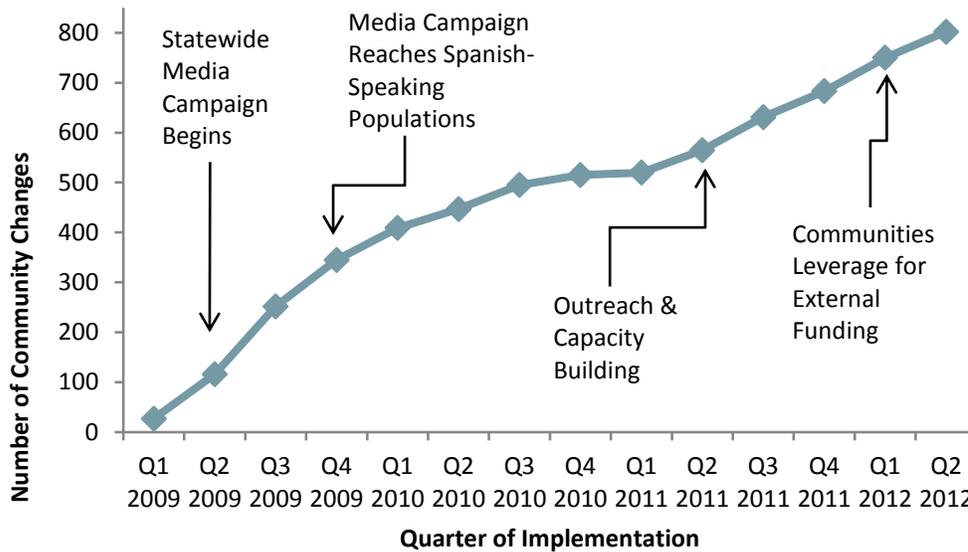
FIGURE 9: DISTRIBUTION OF ACTION STEP STATUS FOR SPF-SIG FUNDED COMMUNITIES



Implementation of Community and Systems Changes

The community strategic plans identified community and systems changes to be implemented in the communities to prevent underage drinking. The implementation of action steps, including community and systems changes identified in the community strategic plan, was examined by reviewing activities documented in the Online Documentation and Support System by SPF-SIG funded community coalitions and state partners. Community change implementation was facilitated by coalition engagement across multiple sectors of the community. The figure below shows the cumulative number of aggregated community changes supported during the implementation period.

FIGURE 10. CUMULATIVE COMMUNITY CHANGES ACROSS SPF-SIG FUNDED COMMUNITIES



There were 802 documented community changes implemented across the 14 SPF-SIG funded communities, with an average of 57 community changes facilitated in the individual communities. Overall, there was a steady increase in the number of community changes implemented across the SPF-SIG funded communities over the four year implementation period. In 2009, there was a relatively higher rate of community changes implemented, which accounted for approximately 43% of all community changes ($N = 345$) facilitated during the four year strategy implementation period. The majority of these community changes facilitated in 2009, during the first year of strategy implementation, supported new evidence-based programs in multiple locations within the communities. As shown in the graph, there was a slower rate of community change facilitated by SPF-SIG funded communities between the third quarter of 2010 and the first quarter of 2011 compared to other time periods. During a couple of these quarters, many of the SPF-SIG funded communities indicated slower strategy implementation due to extreme winter weather conditions.

Community Changes Facilitated by Communities of Practice

Broad sector representation is important to the success of coalition initiatives. Support from multiple community sectors is important for ensuring sufficient opportunities for collaboration and cooperation within the community. The impact of these collaborations may be further enhanced when sectors across geographic communities link together to form communities of practice. For instance, when police chiefs from multiple SPF-SIG communities joined in an effort to review and improve practices related to minors-in-possession offenses, the resulting law enforcement community of practice is able to share experiences and collectively strategize.

At the onset of the grant period, the Kansas SPF-SIG set a goal that each sector would engage in a community of practice to bring about at least one community change— new program, policy, or practice related to common goals of the SPF-SIG communities. Six of the twelve sectors reported engaging in community of practice

activities that resulted in a community change. The youth sector facilitated the most community changes (n=3) as a community of practice. Civic and Volunteer Groups, Media, Religious or Fraternal Organizations, Schools, and Youth Sectors were the other sectors that brought about at least one change as a community of practice.

Community Changes Supporting Evidence-Based Strategies

The community changes facilitated in the SPF-SIG funded communities supported implementation of evidence-based strategies (see table below). Approximately, 36% of the community changes related to new or modified programs and the remaining 64% supported environmental strategies, with 6% being policy changes and the other 58% practice changes. Approximately 29.7% of the community changes were related to the environmental strategy, Communities Mobilizing for Change on Alcohol, and 10.7% of the changes supported the statewide media campaign.

TABLE 5. COMMUNITY CHANGES IMPLEMENTED BY EVIDENCE-BASED STRATEGIES

Evidence-Based Strategy	Number of Implemented Community Changes
All Stars	1
Big Brothers Big Sisters	8
Capturing Kids' Hearts	3
Class Action	8
Communities Mobilizing for Change on Alcohol (CMCA)	238
Collaboration, Advocacy, Schools, and Education with Law Enforcement	6
Guiding Good Choices (GGC)	8
Increased Visibility of Law Enforcement	5
Keep a Clear Mind	8
Letters to Parents	1
Life of An Athlete	11
Life Skills Training	30
Lions Quest	15
Marriage 4 Keeps	0
Parenting Wisely	7
Positive Action	58
Project Alert	2
Project Success	10
Protecting You Protecting Me	10
Responsible Beverage Service	4
Retailer Compliance Checks	4
Saturation Patrols/RAVES	23
Sobriety Checkpoints Targeting UAD	3
Stay On Track	2
Strengthening Families 10-14	39
Teen Intervene	1
Too Good for Drugs	30
Tutoring	0
YouthFriends	11
Statewide Media Campaign	86
Mobilization	17
Capacity	62
Other	82

Community Changes and Improvements in Targeted Influencing Factors

In the community strategic plans, objectives were developed to identify the level of change in targeted influencing factors desired to be achieved in each SPF-SIG funded community. There were 58 identified objectives related to influencing factors in the community strategic plans (see table below).

There were more substantial improvements in influencing factor outcomes aggregately across the 14 SPF-SIG funded communities for those factors for which there was a larger proportion of community changes and concentrated prioritization across SPF-SIG funded communities.

The most commonly prioritized influencing factors across the 14 SPF-SIG funded communities were social norms, social access, and enforcement. As shown in the table, approximately 38% of all objectives across funded communities prioritized social norms as a targeted influencing factor.

TABLE 6. IDENTIFIED OBJECTIVES PER TARGETED INFLUENCING FACTOR

Targeted Influencing Factor	# SPF-SIG Funded Communities Prioritizing Factor	# Objectives Related to Prioritized Factor
Commitment to being drug free	1	1
School rewards	1	1
Perception of risk	1	1
Pro-social involvement	2	2
Retail access	2	2
Family involvement and functioning	5	5
Academic achievement	5	6
Social access	6	10
Enforcement	8	8
Social norms	13	23

Across the SPF-SIG communities, there was a larger distribution of community changes associated with influencing factors that were more commonly prioritized across the 14 SPF-SIG funded communities. As indicated in the following table, the largest distribution of community changes across communities was associated with social norms (48.7%), and the most substantial improvements in influencing factors was also for social norms (33.7 fewer youth reported they would be seen as cool if began drinking alcoholic beverages regularly). As shown in the following table, social access and enforcement were the other two more commonly prioritized targeted influencing factors across SPF communities, and were also associated with a larger distribution of community changes and more substantial improvements in influencing factor outcomes. Approximately, 22% of the community changes implemented

across the 14 SPF-SIG funded communities addressed social access and enforcement, respectively.³

TABLE 7. COMMUNITY CHANGES AND ASSOCIATED CHANGES IN INFLUENCING FACTORS

Targeted Influencing Factor	# Communities Prioritizing Factor	% of Community Changes Related to Factor (N=802)	% Change in Influencing Factor Outcomes (based on Kansas Communities that Cares data)
School rewards	1	0.1%	<ul style="list-style-type: none"> • 4.8% more youth reporting rewards
Pro-social involvement	2	16.5%	<ul style="list-style-type: none"> • School: 7.1% more youth • Family: 5.6% more youth
Retail access	2	2.9%	<ul style="list-style-type: none"> • 29.2% fewer youth reported bought in store
Family involvement and functioning	5	12.7%	<ul style="list-style-type: none"> • 5.3% fewer youth at risk
Academic achievement	5	15.2%	<ul style="list-style-type: none"> • 7.9% fewer youth at risk
Social access	6	21.7%	<ul style="list-style-type: none"> • 12.3% fewer youth said alcohol would be 'very easy' to get • 16.7% fewer youth obtained through social sources
Enforcement	8	22.1%	<ul style="list-style-type: none"> • 17.1% more youth said would be caught by police
Social norms	13	48.7%	<ul style="list-style-type: none"> • 33.7% fewer youth said 'very good chance seen as cool' • 14.5% fewer youth reporting 'no risk'

Prioritized Influencing Factors Related to Underage Drinking

Each of the SPF-SIG funded communities identified and targeted influencing factors that were most salient to underage drinking in their area. Across all 14 SPF-SIG communities combined, results in the desired direction were achieved for all influencing factors measured. In addition, all but one factor (social access), showed larger percentage baseline to post-implementation change in the desired direction for SPF-SIG communities than for the state as a whole. The largest changes from 2007 baseline to post-implementation in 2012 were found for social norms and enforcement.

³ It should be noted that one community change could support addressing multiple influencing factors.

Social Norms

- *What are the changes you would be seen as cool if you began drinking alcohol beverages regularly, at least once or twice per month?* SPF-SIG communities show a 33.7 percent reduction in the youth reporting it would be a ‘very good chance’ they would be seen as cool if they drank regularly compared to 18.9 percent change for the state.

- *How wrong do your parents feel it would be for you to drink beer, wine or hard liquor regularly?* SPF-SIG communities show a 28.4 percent reduction in the youth reporting their parents would say it is ‘not wrong at all’ if they drank alcohol regularly compared to 12.9 percent change for the state.

- *How much do you think people risk harming themselves if they take one or two drinks of an alcoholic beverage nearly every day?* SPF-SIG communities show a 14.5 percent reduction in the youth reporting there is ‘no risk’ of harm from regular alcohol compared to 2.9 percent reduction for the state.

Enforcement

- *If a kid drank some alcohol in your neighborhood, or the area around where you live, would he or she be caught by police?* SPF-SIG communities show a 17.1 percent increase in youth reporting ‘yes’ or ‘YES!’ they would be caught by the police if youth were drinking alcohol in their neighborhood. This compares to a 12.2 percent increase for the state.

Program Outcomes

Individuals Served through Programs

It is estimated that through the various strategies implemented across the 14 communities, including the statewide media campaign, the Kansas SPF-SIG has reached approximately 449,874 individuals.

Number Reached/Served by Strategy Type

The table shows the number of individuals served and the number of strategies implemented related to the strategy type.

TABLE 8. NUMBER OF INDIVIDUALS REACHED BY STRATEGY TYPE

Strategy Type	Number Reached	Number of Strategies
Prevention Education	29,165	15
Problem Identification & Referral	115	2
Alternative Drug-Free Activities	1,309	4
Information Dissemination	4,261	1
Environmental & Community-Based Processes	449,874	3

SAMHSA/ CSAP promote the following **six types of prevention strategies** as defined by the Federal Register, Volume 58, Number 60, March 31, 1993:

- **Prevention Education-** Involves two-way communication with interaction between the facilitator and participants.
- **Problem identification and referral-** aimed at identification of those who have indulged in illegal/age-inappropriate use of tobacco, alcohol or illicit drugs to assess if their behavior can be changed through education.
- **Alternatives Drug-Free Activities-** Participation of target populations in constructive and healthy activities.
- **Information dissemination-** one-way communication that provides awareness and knowledge of the nature and extent of substance use, and its effects.
- **Community-based process-** Activities that enhance the ability of the community to more effectively provide prevention and treatment services

Ninety-three percent of the individuals reached through the SPF-SIG were through environmental strategies. Please note that community-based process strategies and environmental strategies were combined. Environmental strategies supported a broad base of policies and practices and included law enforcement, Communities Mobilizing for Change on Alcohol (CMCA) and media. Law enforcement practices, such as party patrols, saturation patrols, and retail compliance checks reached 6,466 individuals. Communities Mobilizing for Change on Alcohol (CMCA), served as an umbrella strategy including sub-strategies supporting other types of programs involving information dissemination, advocacy and some media. CMCA was implemented in 71% of SPF-SIG communities, accounting for 334,333 individuals reached. For the four communities that did not implement CMCA, media activities, not related to the statewide campaign accounted for the remaining 73,178 individuals included in the environmental strategy type.

Communities were encouraged to select a comprehensive set of strategies, which incorporated both environmental and prevention education programs. Nearly, 30,000 individuals were reached through prevention education programs. This accounts for six percent of the total numbers served.

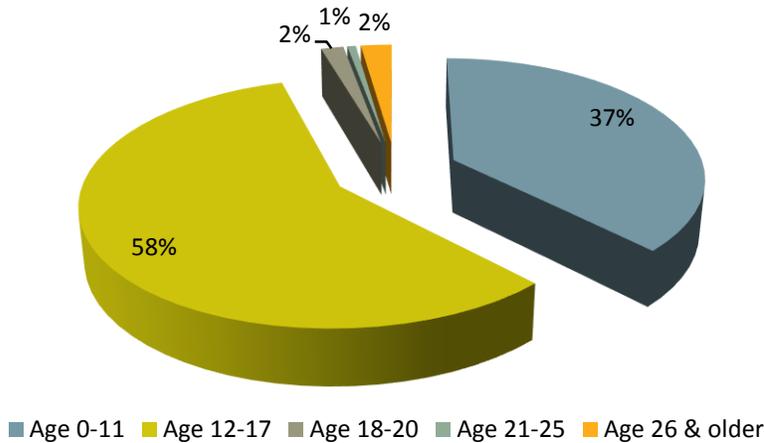
Information dissemination consisted of Dickinson County Parent Letter strategy to inform about Social Hosting laws. Alternative activities, such as Big Brothers, Big Sisters, YouthFriends, Students Against Drunk Driving (SADD), and Life of an Athlete, served around 1,309 individuals. Problem identification and referral strategies included Marriage 4 Keeps and Teen Intervene and served 115 individuals.

Demographic Breakdown

There was an equal distribution of individuals by gender reached/served through SPF-SIG strategies, with half of the individuals being male and female. The following figure shows the distribution of individuals served by SPF-SIG strategies by age group. With the state and community priority of underage drinking, appropriately, half of all individuals (58 percent) were between 12 to 17 years. Through the course of the grant, many communities implemented prevention education strategies with children, 11 years or less, with the understanding that these youth would eventually comprise the targeted 6th through 12th grade population prior to the end of the grant. Thus, approximately 37 percent of individuals served through SPF-SIG programs were 11 years or younger.

Some environmental strategies focused on changing social norms around alcohol. These strategies addressed issues related to law enforcement (saturation patrols and checkpoints) that included the community population above the age of 18, accounting for the remaining five percent of the age groups served.

FIGURE 11. PERCENTAGE OF INDIVIDUALS SERVED BY AGE GROUP



Impact of Program Implementation on Participant Outcomes

Survey data were submitted for approximately 21,000 respondents participating in thirteen various SPF-SIG funded prevention education programs implemented in 13 of the 14 SPF-SIG communities. Surveys from 7,601 students (36%) had matching or paired baseline and exit surveys based on using the same unique ID at baseline and program exit. These data were the participant sample used in the following analyses examining change between baseline and exit surveys.

Students Reporting Alcohol Use at Baseline

The majority of students participating in the prevention programs were not engaged in drinking at baseline or post intervention. Therefore, there were no significant findings in the positive direction indicating improvement for youth overall participating in the programs. Although the aggregate survey findings across all program participants did not show significant results, these data do not reflect the full impact of baseline to program exit change experienced in the SPF-SIG communities. There were 6,103 youth (85%) who reported at program entry that they did **not** drink alcohol in the past 30 days, which may have created a ceiling effect. To address this issue, further analysis was conducted with data from only youth who reported drinking at baseline to examine whether those youths who reported drinking at baseline experienced a change in behavior or perception after participation in the program.

Surveys from only those 1,058 students that reported any alcohol use at program entry/baseline were analyzed. Paired-

Program Participant Baseline and Exit Survey Questions

Each of the 13 programs had baseline and exit survey questions related to the specific curriculum. In addition, all program surveys included core questions from the National Outcome Measures. Participant survey questions included:

- (1) 30-day alcohol – On how many occasions (if any) have you had beer, wine or hard liquor during the past 30 days?
- (2) Binge drinking – Think back over the last two weeks. How many times have you had 5 or more alcoholic drinks in a row?
- (3) Risk of harm from alcohol use – How much do you think people risk harming themselves if they take one or two drinks of an alcoholic beverage nearly every day?
- (4) Disapproval attitude toward drinking alcohol – How wrong do you think it is for someone your age to drink beer, wine, or hard liquor (at least once or twice a month)?

samples t-tests were calculated to show change in behavior and attitude from baseline to program exit for the same sample of students. For the sample of students reporting alcohol use at baseline, there was a significant reduction in reported alcohol use from baseline to program exit, $t(1012) = 15.451, p < .01$. There was also a significant reduction in mean binge drinking, $t(912) = 2.261, p = .027$. Perceived risk of harm from regular alcohol use increased from baseline to program exit, $t(986) = -4.672, p < .01$. Finally, disapproval of youth alcohol use changed significantly from baseline to exit in the desired direction $t(945) = 4.956, p < .01$.

Program Participant Outcomes Across SPF-SIG Communities

Twelve communities had participant-level data for both baseline and exit data to support the analyses. There was a reduction in past 30-day alcohol use as reported by program participants indicating alcohol use at program entry for all of the 12 SPF-SIG communities with available data. For 75% of the 12 SPF-SIG communities, the findings were statistically significant. Approximately, 58% of these SPF-SIG communities also showed a statistically significant reduction in past two-week binge drinking. Also, 83% of these SPF-SIG communities showed an increase in perceived risk of harm from regular alcohol use, with three being statistically significant. Then, 75% of the 12 SPF-SIG communities showed some improvements in change for disapproval attitude, with significant findings for three communities.

For youth that reported past 30-day alcohol use at baseline, there were statistically significant results found for all four measures.

TABLE 9. PARTICIPANT CHANGES IN OUTCOMES BY COUNTY FOR YOUTH REPORTING 30-DAY ALCOHOL USE AT BASELINE

County	Past 30-Day Alcohol Use	Past two-week Binge drinking	Risk of Harm from Alcohol Use	Disapproval of Youth Alcohol Use
Clay	XX	x		x
Dickinson	XX	x	XX	XX
Finney	XX	x	XX	X
Harper	X		x	X
Kingman	x			X
Linn	XX	x	x	X
Nemaha	N/A	N/A	N/A	N/A
Osage	XX		x	
Russell	XX	x	x	XX
Shawnee	XX	XX	XX	x
Sumner	XX		x	XX
Reno	x		x	
Woodson	XX	x	x	

x = baseline to exit change in desired direction

XX = baseline to exit change in statistically significant, $p < .05$ or better

Program Participant Outcomes by SPF-SIG Funded Programs

As indicated in the following table, there were 11 programs for which both baseline and exit survey data were available for the same youth reporting 30-day alcohol use at baseline. A significant reduction in past 30-day alcohol use was demonstrated overall for participants in the 11 programs. For 64% of the programs, there was also a reduction in past two-week binge drinking, of which participants in one program (Positive Action) experienced a statistically significant improvement. Nearly, all of the programs (91%) increased perceived risk of harm from alcohol use for participants, of which three programs had significant changes. For 82% of the programs, there were gradual improvements and change in the desired direction for reported disapproval of youth alcohol use by participants, four of which were statistically significant.

TABLE 10. CHANGES IN PARTICIPANT OUTCOMES BY PROGRAMS FOR YOUTH REPORTING PAST 30-DAY USE

Prevention Education Program	Past 30-Day Alcohol Use	Past two-week Binge drinking	Risk of Harm from Alcohol Use	Disapproval of Youth Alcohol Use
All Stars	XX	x	x	XX
Class Action	XX	x	x	XX
Guiding Good Choices	No available data.			
Keep A Clear Mind	XX	x	x	
Life Skills	XX	x	XX	X
Lion's Quest	XX		x	XX
Parenting Wisely	No available data.			
Positive Action	XX	XX	XX	XX
Project Alert	XX		x	
Project Success	XX	x		x
Protecting You Protecting Me	XX		x	x
Strengthening Families	XX		x	x
Too Good for Drugs	XX	x	XX	x

x = baseline to exit change in desired direction
 XX = baseline to exit change in statistically significant, p < .05

Summary of Participant Level Changes

SPF-SIG communities were required to select evidence-based strategies related to prioritized influencing factors in their local community, which contributed to underage drinking. All of the evidence-based strategies selected by SPF-SIG communities targeted youth behavior related to alcohol consumption. The programs varied in the influencing factors addressed such as youth perception -- issues of 'risk of harm' and 'disapproval of youth alcohol use', which may have resulted in differential results across programs for changes in participant self-reported measures of perception. In this section of the report, the findings for prevention education programs have been presented aggregately across communities.

For those youth who reported drinking alcohol in the 30-days prior to program implementation, there were fewer youth reporting drinking alcohol after program implementation during the exit survey.

Results indicated the importance of evidence-based prevention education programs and strategies and the impact that they can have, not only in **preventing**, but also **reducing** community underage drinking, both of which were goals of the SPF-SIG.

Improvements in Underage Drinking Related Outcomes Reductions in Reported 30-Day Alcohol Use

The following table shows both the reduction of past 30-day alcohol use in the SPF-SIG communities and the State overall from the baseline year in 2007 through 2012, the final year of Kansas SPF-SIG. Data aggregated across all 14 SPF-SIG communities show a 9.6

By 2012, all 14 SPF-SIG communities reduced youth underage drinking from the 2007 baseline, as measured by youth self-reported 30-day alcohol use.

percentage point decrease in reported 30-day alcohol use, which corresponded to a 28.9 percent change decrease. In comparison, the state experienced a 5.4 percentage point reduction, or 18.6 percent change decrease in reported 30-day alcohol use during this same period. The SPF-SIG communities experienced a more substantial decrease in self-reported 30-day alcohol use, with SPF-SIG communities experiencing a slightly lower percentage of youth reporting drinking than the state average by the end of the grant.

TABLE 11. ANNUAL COMPARISON OF SPF-SIG COMMUNITY & STATE 30-DAY ALCOHOL USE

Percentage of Youth Reporting Past 30-Day Alcohol Use	2007	2008	2009	2010	2011	2012	2012 Decrease from 2007 Baseline	Percent Change
SPF-SIG Communities	33.2	28.9	28.8	27.3	25.4	23.6	-9.6	-28.9
State	29.1	27.2	26.9	25.6	24.2	23.7	-5.4	-18.6

In 2007, the baseline year, among the 14 SPF communities, the lowest 30-day alcohol rate among 6th, 8th, 10th and 12th graders was about 25 percent and the high was 46 percent, compared to a state average of 29 percent. In 2012, the low was 19 percent and the high was 30 percent, compared to a state average of 24 percent. Since the implementation of the SPF-SIG, funded communities reduced 30-day alcohol use and also lessened the range of alcohol use between the SPF-SIG communities. Sumner County had the largest reduction (47 percent) and Seward County had the smallest reduction (11.6 percent). The previous table shows the percentage of youth reporting past 30-day alcohol use by SPF-SIG community by year and percent change.

By 2012, all SPF-SIG communities had reduced youth underage drinking, as measured by binge drinking, based on the 2007 baseline.

TABLE 12. YOUTH SELF-REPORTED PAST 30-DAY ALCOHOL USE IN SPF-SIG COMMUNITIES

SPF-SIG Communities Percentage of Youth Reporting Past 30-Day Alcohol Use	2007 Baseline	2008	2009	2010	2011	2012	2012 Decrease from 2007 Baseline	Percent Change
Clay	35.6	33.8	28.9	33	23.7	24.4	-11.2	-31.5
Dickinson	36.6	32.9	31.4	31.2	26.1	30.2	-6.4	-17.5
Finney	34.1	25.9	27.1	27.6	28.4	24.7	-9.4	-27.6
Harper	36.1	36.1	28.8	31.4	27.1	23.5	-12.6	-34.9
Kingman	41.3	30.1	37.6	23.9	29.4	27.8	-13.5	-32.7
Linn	37.9	38.4	35.4	24.9	30.7	24.0	-13.9	-36.7
Nemaha	39.7	34.1	32.7	29.6	27	23.6	-16.1	-40.6
Osage	31.1	27.3	24.8	24.8	27.1	21.8	-9.3	-29.9
Reno	24.7	27.8	20.8	23.2	23.1	19.4	-5.3	-21.5
Russell	46	42.1	42.4	33.9	21.4	30.1	-15.9	-34.6
Seward	33.6	30.8	32.2	30.4	28.7	29.7	-3.9	-11.6
Shawnee	31.4	27.1	28.1	28	24.6	23.4	-8.0	-25.5
Sumner	36.1	31.7	31.6	23.3	23	19.2	-16.9	-46.8
Woodson	36.5	35.4	35.8	34.3	25.7	24.8	-11.7	-32.1

District-Level Past 30-Day Alcohol Use Data for SPF-SIG Communities

There are 48 school districts within the 14 SPF-SIG communities. Overall, 89% of SPF-SIG districts decreased in reported past 30-day alcohol use from 2007 to 2012.

- In 6th grade, 74% of the SPF-SIG districts decreased in past 30-day use.
- In 8th grade, 85% of the SPF-SIG districts decreased in past 30-day use from 2007 to 2012.
- In 10th grade, 85% of the SPF-SIG districts decreased in past 30-day use.
- In 12th grade, 91% of the SPF-SIG districts decreased in past 30-day use.

Reduction in Youth Past Two-Week Binge Drinking

For the SPF-SIG communities, the overall reduction in past two-week binge drinking was even more dramatic than demonstrated for past 30-day alcohol use. From the 2007 baseline to 2012, there was a 31 percent change decrease for the SPF-SIG communities with an eight percentage point reduction in youth binge drinking compared to the state reduction of three percentage points. By 2012, the prevalence of binge drinking in SPF-SIG communities was nearly the same as the state average.

TABLE 13. ANNUAL COMPARISON OF SPF-SIG COMMUNITIES AND STATE PAST TWO-WEEK BINGE DRINKING FROM 2007 TO 2012

Percentage of Youth Reporting Past Two-Week Binge Drinking	2007 Baseline	2008	2009	2010	2011	2012	2012 Decrease from 2007 Baseline	Percent Change
SPF-SIG Communities	18.3	16.2	16.2	15.0	12.9	12.6	-5.7	-31.1
State	15.6	15.2	14.7	13.8	12.7	12.4	-3.2	-20.5

In baseline year 2007, among the 14 SPF-SIG communities, the lowest binge drinking rate among 6th, 8th, 10th, and 12th graders was 13 percent, and the highest was 28 percent, compared to a state average of 16 percent. Within communities, the smallest reduction between baseline and 2012 binge drinking was three percentage points and the largest was an 11 percentage point reduction. The following table shows the annual percentage of youth reporting past two-week binge drinking by SPF-SIG community.

TABLE 14. ANNUAL RATES OF PAST TWO-WEEK BINGE DRINKING BY SPF-SIG COMMUNITY WITH RELATED PERCENT CHANGE

SPF-SIG Communities Percentage of Youth Reporting Past Two-Week Binge Drinking	2007 Baseline	2008	2009	2010	2011	2012	2012 Decrease from 2007 Baseline	Percent Change
Clay	20.5	20.7	14.8	17.9	13.1	12.5	-8.0	-39.0
Dickinson	21	19.9	15.3	17.2	11.8	17.2	-3.8	-18.1
Finney	18.8	15.0	17.2	16.9	15.4	13.9	-4.9	-26.1
Harper	22.2	22.2	16.7	15.9	13.6	12.9	-9.3	-41.9
Kingman	23.7	18.7	20.5	14.1	16.2	13.9	-9.8	-41.4
Linn	21.9	22.6	22.0	14.8	17.2	15.2	-6.7	-30.6
Nemaha	21.1	17	18.2	17.3	11.2	12.6	-8.5	-40.3
Osage	16.9	15.4	13.5	11.9	14	10.1	-6.8	-40.2
Reno	13.4	15.1	10.4	11.4	11.6	9.6	-3.8	-28.4
Russell	27.7	25.0	29.0	19.3	14.4	17.1	-10.6	-38.3
Seward	19.2	18.9	20.9	15.8	15.5	16.5	-2.7	-14.1
Shawnee	16.5	14.5	15.4	15.2	12	12.3	-4.2	-25.5
Sumner	20.5	16.3	17.6	14.9	12.1	9.8	-10.7	-52.2
Woodson	23.3	26.3	24.3	23.3	18.6	15	-8.3	-35.6

District-Level Data for SPF-SIG Communities

Overall, 81% of SPF-SIG districts had decreased in reported two-week binge drinking.

- In 6th grade, 65% of the SPF-SIG districts had decreased in past 30-day use from 2007 to 2012.
- In 8th grade, 73% of the SPF-SIG districts had decreased in past 30-day use from 2007 to 2012.
- In 10th grade, 85% of the SPF-SIG districts had decreased in past 30-day use from 2007 to 2012.
- In 12th grade, 84% of the SPF-SIG districts had decreased in past 30-day use from 2007 to 2012.

Within SPF-SIG districts, rates of past-30-day alcohol use significantly decreased overall, and at every grade level from baseline in 2007 to post-SPF intervention in 2012.

District-Level Data for SPF-SIG and Matched Comparison Communities

Methods Guiding the Matching Process

Both the SPF-SIG communities and the state overall experienced a decline in underage drinking outcomes related to youth self-reported past 30-day alcohol use and binge drinking. Although the reduction observed by the SPF-SIG communities was more substantial than the for the state, it could be plausible that SPF-SIG communities reduction was due to regression in the mean since these communities were selected in part for high rates of underage drinking. To address this possibility, the Evaluation Design Team, recommended the use of a quasi-experimental design, which matched the 14 SPF-SIG communities with comparable non-SPF-SIG communities. A multiple-year baseline was used to strengthen quality and reliability of matches.

To ensure that the youth surveyed in both the SPF-SIG and comparison communities were similar, the matches were made at the level of the school district. Identifying matches at the district level also helped control for variability in rates across districts and communities. Each school district in the 14 SPF-SIG funded communities was matched with a school district or cluster of districts in non-funded communities.⁴

Criteria for Matches

Using school district-level data, matches were made based on the following criteria listed in order of prioritization:

- Availability of both district and grade level Kansas Communities That Care (KCTC) student survey data from 2003-04 through 2007-08, with participation rate of 50% or greater in at least two of the five years. There also had to be

⁴ A cluster of school districts was used as a match (rather than a one-to-one match) if districts were similar in other matching criteria, but not in sample size. In these instances, the sample size was aggregated across school districts that were good matches based on the other variables. For the cluster matches, the data were aggregated and analyzed across school districts in the cluster group.

at least two years of available intervention/post-intervention data between 2009 and 2012, which also met the 50% participation requirement.

- Availability of multiple-year baseline data for KCTC student-reported 30-day alcohol use rate
- Similar 2007 KCTC student sample size
- Availability of multiple-year baseline for KCTC student-reported binge drinking rate
- Similar 2007 percentage of KCTC sample that were white
- Similar 2007 percentage of KCTC sample that were Hispanic
- Similar 2007 percentage of students in school district receiving free/reduced lunch
- Consistent geographic designation (e.g., urban, rural, frontier) of the county, when possible, based on county geographic classifications used by the Kansas Division of the Budget, and the Kansas Department of Education.

Matches were made at the school district level, which consisted of students in 6th, 8th, 10th, and 12th grades. For various reasons, 12th grade traditionally has lower rates of KCTC survey participation; therefore, to qualify as a SPF match, comparison districts were required to have 50% participation or better in at least three of the four grades surveyed. For comparison districts with only three available grades, multiple-year baseline calculations were based on the same three grades for corresponding SPF-SIG districts. The SPF-SIG districts were matched with comparison districts with the lowest discrepancy score between the matched pairs for the rate of past 30-day use. The discrepancy score was calculated as the sum of the absolute value of the differences for past-30-day use rates for each grade. Those non-SPF-SIG districts selected as matched comparisons had discrepancy values less than 10. There were 47 school districts within the 14 SPF-SIG communities for which appropriate matches were found for 38 districts. The following table shows the similarities of SPF-SIG districts with matched districts in terms of the priority selection criteria.

TABLE 15. SUMMARY OF CHARACTERISTICS FOR SPF-SIG AND MATCHED COMPARISON DISTRICTS BASED ON 2007 KETCH DATA

	Sample Size	Average District Demographics			District Past-30-Day Alcohol Use by Grade			
		% Free/Reduced Lunch	% White (Caucasian)	% Hispanic or Latino	6th Grade Base-line %	8th Grade Base-line %	10th Grade Base-line %	12th Grade Base-line %
SPF-SIG Districts	67,304	42.9	84.1	9.76	10.9	26.5	43.5	57.4
Match Districts	66,692	41.5	84.4	8.68	9.7	26.1	42.6	68.1

For the analysis of SPF-SIG and non-funded districts, baseline data from 2007 was compared to implementation data from 2008 and each subsequent year through 2012 for SPF-SIG and matched districts using Analysis of Variance (ANOVA).

Matched Comparison Results for Past 30-Day Alcohol Use

The table below shows the percentage of SPF-SIG and non-funded districts that reduced past-30-day alcohol use from 2007 to 2012. For every grade level, a greater percentage of SPF-SIG districts had reduced reported past 30-day alcohol use as compared to the non-funded matched districts. The most substantial differences between SPG-SIG and matched comparison groups were for 10th grade rates.

TABLE 16. PERCENTAGE OF SPF-SIG DISTRICTS AND MATCHED DISTRICTS BY GRADE WITH REDUCTIONS IN PAST 30-DAY ALCOHOL USE FROM BASELINE TO EXIT

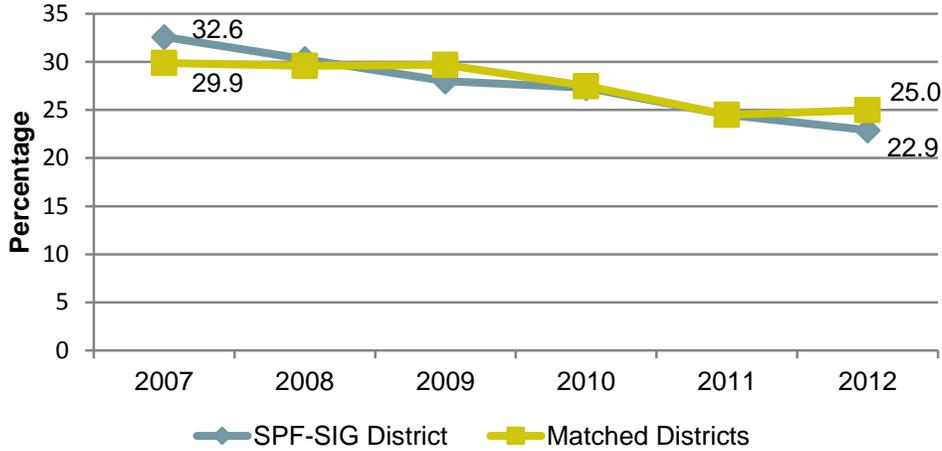
Grade Levels	Past-30-Day Use		
	SPF-SIG	Match	Difference between SPF-SIG and Match
6 th Grade	74%	63%	11%
8 th Grade	85%	70%	15%
10 th Grade	85%	58%	27%
12 th Grade	91%	81%	10%

Differences in Effects for SPF-SIG & Comparison Districts

A one-way ANOVA was used to test for differences in past 30-day alcohol use between SPF-SIG and matched comparison districts at each year from the baseline in 2007 to post-intervention in 2012. There was a statistically significant difference in the 2007 reported mean 30-day alcohol use between SPF-SIG communities (mean = 1.67 occasions) and matched districts (mean = 1.56 occasions) with SPF-SIG districts being higher in use, $F(1, 9362) = 17.12, p < .001$. In 2012, there was again a statistically significant difference in mean use, however, SPF-SIG districts were significantly lower in reported alcohol use (mean = 1.42) than matched districts (mean = 1.48), $F(1, 9462) = 9.51, p = .002$.

The figure below illustrates percentage of youth self-reporting past-30-day alcohol use was higher for SPF-SIG funded districts than the non-funded matched districts in 2007. By 2012, the SPF-SIG districts had a significantly lower percentage of youth self-reported 30-day alcohol use than their matched counterparts for student-reported past 30-day alcohol use. There was a more substantial 9.7 percentage point reduction in youth self-reported 30-day alcohol use for SPF-SIG districts, compared to a 4.9 percentage point reduction for the non-funded matched comparison districts.

FIGURE 12. PERCENTAGE OF YOUTH 30-DAY ALCOHOL USE FOR SPF-SIG AND MATCHED COMPARISON DISTRICTS

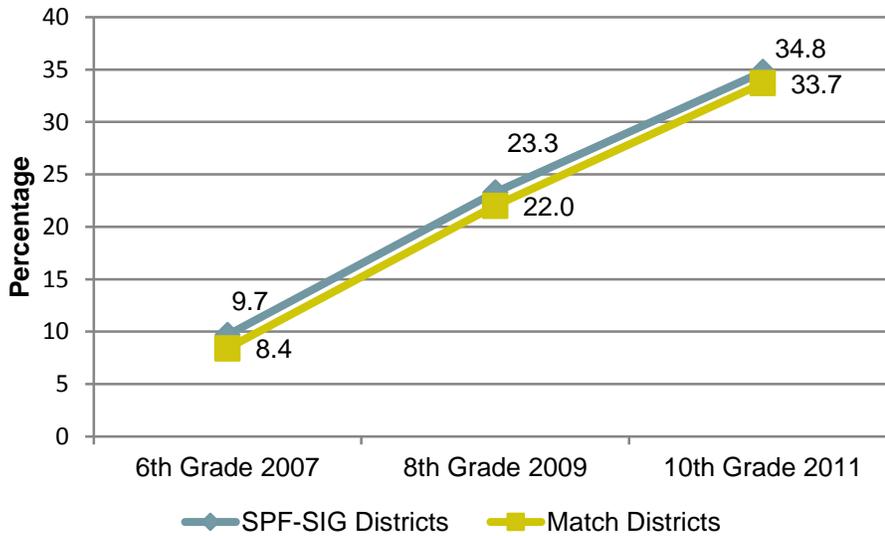


Cohort Group Comparisons for Students in SPF-SIG and Matched Comparison Districts

Cohort Group Comparisons for 30-Day Past Alcohol Use

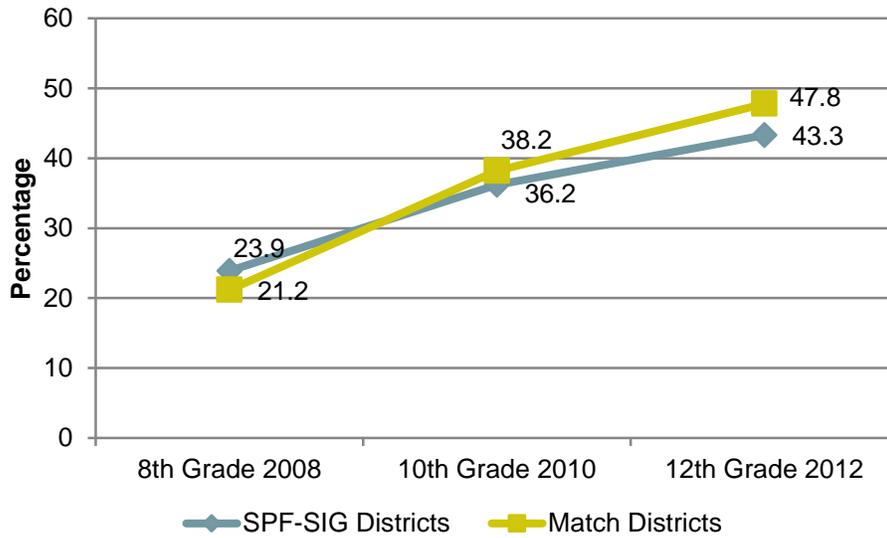
To examine changes both within and between SPF-SIG districts and non-funded comparison districts, it was important to analyze data for the same sample of students over time. The figure below shows the percentage of reported past 30-day alcohol use for students in 6th grade in 2007 and the percentage reported use rate for the same group of students after matriculation to 8th grade (2009) and 10th grade (2011). No significant differences were found between the SPF-SIG cohort and the matched cohort groups.

FIGURE 13. 6TH GRADE COHORT COMPARISON FOR PAST 30-DAY ALCOHOL USE



The length of the SPF-SIG grant provided the ability to also follow a second cohort group over time. The students in the second cohort group were 8th graders during baseline in 2007 and seniors in 2012 at the time of SPF-SIG exit. Although the percentage of students reporting past 30-day alcohol use was similar for both SPF-SIG and matched districts at baseline, the figure below illustrates how the two groups progressively separate with over time with SPF-SIG cohort having a smaller percentage of youth reporting past 30-day alcohol use in 2012 than their matched comparison cohort. Although the differences were not significant, it may suggest that students in 12th grade SPF-SIG districts were less likely to report consuming alcohol as compared to students of the same grade in the non-funded matched cohort.

FIGURE 14. 8TH GRADE COHORT GROUP COMPARISON OF PAST 30-DAY ALCOHOL USE



Matched Comparison Results for Binge Drinking

The table below shows the percentage of SPF-SIG and non-funded districts that reduced past-two-week binge drinking from 2007 to 2012. For every grade level, a greater percentage of SPF-SIG districts had reduced reported binge drinking as compared to the non-funded matched districts. The most substantial differences between the SPF-SIG and matched comparison groups were in 10th grade.

TABLE 17. PERCENTAGE OF SPF-SIG DISTRICTS AND MATCHED DISTRICTS BY GRADE WITH REDUCTIONS IN PAST TWO-WEEK BINGE DRINKING FROM BASELINE TO EXIT

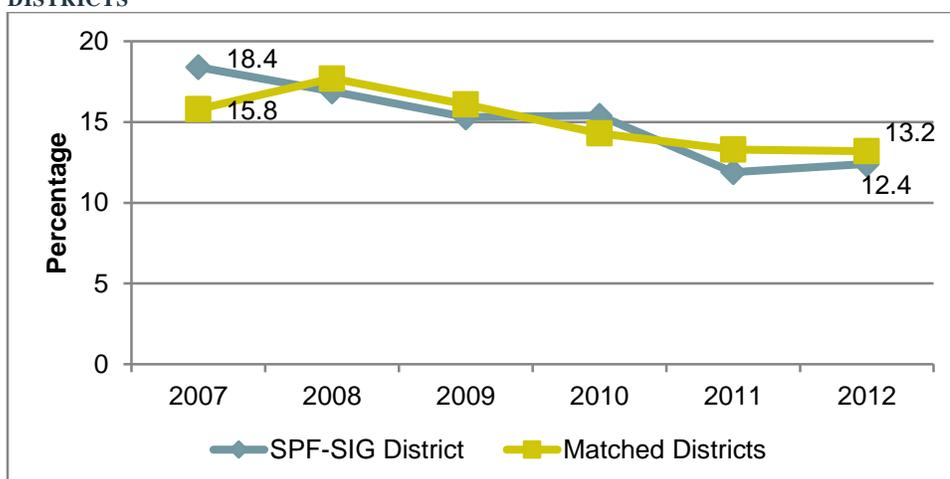
Grade Levels	Past-Two-Week Binge		
	SPF-SIG	Match	Difference between SPF-SIG and Match
6 th Grade	65%	54%	11%
8 th Grade	73%	65%	8%
10 th Grade	85%	60%	25%
12 th Grade	84%	76%	8%

Differences in Effects for SPF-SIG & Comparison Districts

A one-way ANOVA was used to test for differences in past two-week binge drinking between SPF-SIG and matched comparison districts at each year from the baseline in 2007 to post-intervention in 2012. There was a statistically significant difference in the 2007 reported mean binge drinking between SPF-SIG communities (mean = 1.42 occasions) and matched districts (mean = 1.35 occasions) with SPF-SIG districts being higher in use, $F(1, 9362) = 17.12, p < .001$. In 2012, there was again a statistically significant difference in mean use, however SPF-SIG districts were significantly lower in reported use (mean = 1.26) than matched districts (mean = 1.30), $F(1, 9462) = 9.51, p = .002$.

The figure below illustrates percentage of youth self-reporting past-two-week binge drinking was higher for SPF-SIG funded districts than the non-funded matched districts in 2007. By 2012, the SPF-SIG districts had a lower percentage of youth self-reported 30-day alcohol use than their matched counterparts for student-reported past 30-day alcohol use. There was a more substantial 6.0 percentage point reduction in youth self-reported 30-day alcohol use for SPF-SIG funded communities, compared to a 2.6 percentage point reduction for matched districts.

FIGURE 15. AVERAGE ANNUAL BINGE DRINKING FOR SPF-SIG AND MATCHED COMPARISON DISTRICTS

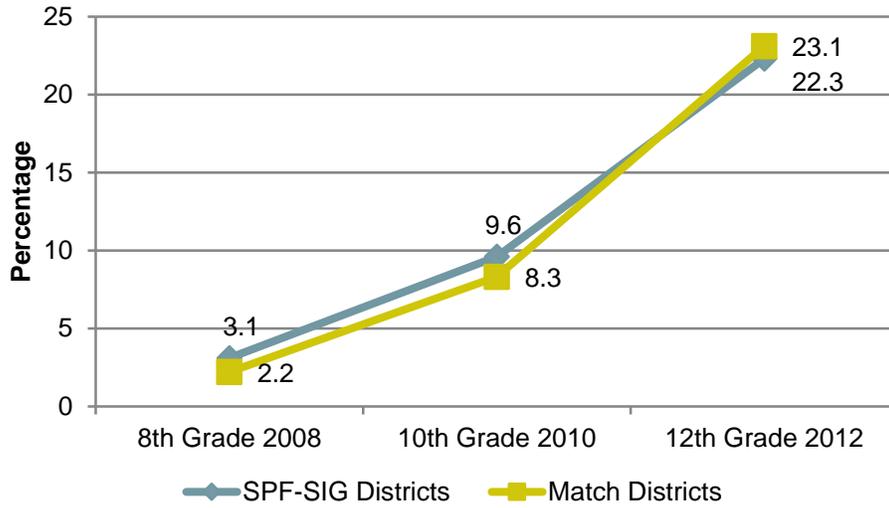


Cohort Group Comparisons for Students in SPF-SIG and Matched Comparison Districts

Cohort Group Comparisons for Binge Drinking

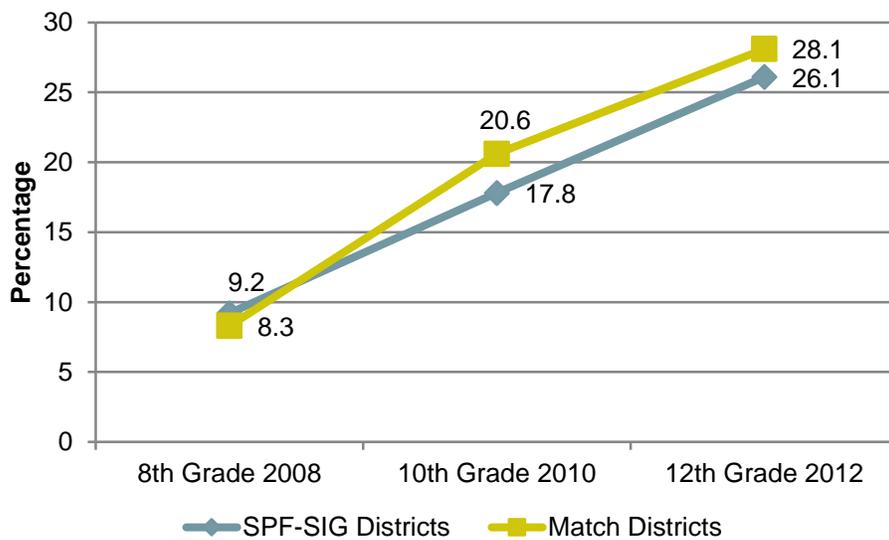
The figure below shows the percentage reported past two-week binge drinking for students in 6th grade in 2007 and the percentage reported use rate for the same group of students after matriculation to 8th grade (2009) and 10th grade (2011). Although not significant, it is important to note that the SPF-SIG cohort group had a higher percentage reported binge drinking than matched comparison cohort at baseline but a smaller percentage post-intervention.

FIGURE 16. 6TH GRADE COHORT GROUP COMPARISON OF PAST TWO-WEEK BINGE DRINKING



The students in the second cohort group were 8th graders during baseline in 2007 and seniors in 2012 at the time of SPF-SIG exit. The SPF-SIG cohort and matched district cohort were within one percentage point of reported binge drinking at baseline, however, at 10th grade SPG-SIG cohort reported almost 3.0 percentage point fewer students reporting binge drinking. Analysis of variance comparing means showed this difference to be statistically significant, $F(1, 2412) = 7.61, p = .006$. The SPF SPF-SIG cohort remained lower in self-reported binge drinking than their matched districts at 12th grade.

FIGURE 17. 8TH GRADE COHORT GROUP COMPARISON OF PAST TWO-WEEK BINGE DRINKING



Contextual Factors

State-Level Contextual Factors

At the state level, the relevance of six identified factors was assessed based upon pre and post-survey data collected as a part of the federal grant reporting requirement. Kansas SPF-SIG Project Team representatives reported on the identified factors that had a positive or negative impact on the implementation of the State’s implementation of its initiatives. As shown in the figure, four of the six contextual factors had some type of impact either during baseline or post implementation. Two contextual factors, including natural disasters or tragedies or losses in the community or tribe were not identified by the Project Team as having influenced state-level implementation of SPF-SIG at any point during the project. Additional types of contextual factors reported by the State Project Team to have impacted the implementation of the prevention initiatives at the community level included coalition grant coordinator skill capacity and high rates of turnover among coalition grantee staff.

FIGURE 18. TYPE OF STATE-LEVEL CONTEXTUAL FACTORS REPORTED

Contextual Factors	Baseline	Post-implementation Follow-up
Changes in prevention funding sources or levels	NA	—
Changes in jurisdiction leadership	NA	—
New legislation	+	NA
Economic-related changes	—	NA
Natural disasters	NA	NA
Tragedies or losses in the community or tribe	NA	NA
+ Mostly positive impact		— Mostly negative impact

Community-Level Contextual Factors

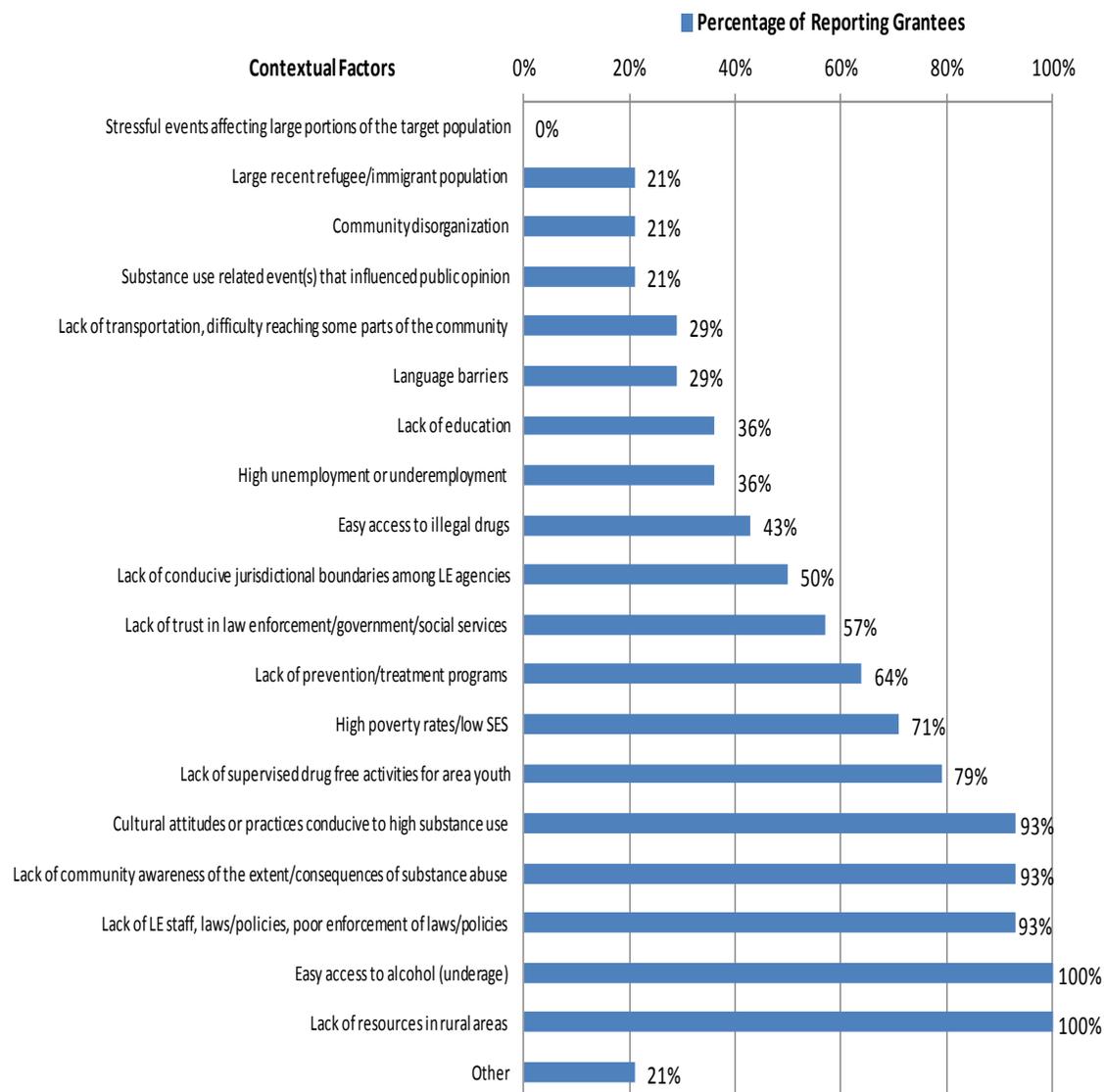
Contextual factors are external conditions that may enhance or inhibit prevention activities based upon its presence or absence in the environment. Contextual factors may include demographic, environmental, or cultural factors, which may positively or negatively impact the facilitation of prevention activities in the community.⁵ Through the Kansas SPF-SIG, the relevance of 19 identified factors were assessed based upon data collected biannually as part of federal grant reporting and quarterly reporting by SPF-SIG funded community grantees. Staff from the SPF-SIG funded communities reported on whether each of the identified contextual factors influenced the implementation of prevention activities in the community. As shown in the following figure, all of the 14 SPF-SIG funded communities reported that easy access

⁵ Butterfoss, F. D. (2007). Coalitions and partnerships for community health. San Francisco, CA: Jossey-Bass.

to alcohol and the lack of resources in rural areas were contextual factors relevant to their communities, which influenced the implementation of prevention activities.

Between 2008 and 2011, the most commonly reported contextual factors that was reported by 80% or more of SPF-SIG funded communities included: lack of supervised drug-free activities for area youth; cultural attitudes or practices conducive to high substance use; lack of community awareness of the extent or consequences of substance abuse; lack of law enforcement staff, laws/policies, poor enforcement of laws/policies; easy access to alcohol by underage individuals; and, lack of resources in rural areas (see appendix for summary table). Other factors cited by coalition SPF-SIG funded communities included school budget cuts, the preponderance of parents who commuted for work outside of the community, and the lack of coalition involvement in the community.

FIGURE 19. PERCENTAGE OF COMMUNITIES REPORTING CONTEXTUAL FACTORS



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Appendix A. Evaluation Team Design Membership

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Appendix B. Implementation of Kansas SPF Milestones

Kansas SPF-SIG Milestones and Related Activities Supporting Implementation <i>Status: X indicates milestone was completed; Level: S = State, C = Community</i>		
Status	Level	Step 1: Assessment
X	S	Continuation of the epi process and ongoing involvement of SEOW/KSAPT <u>Implemented Activities Supporting Milestone Completion:</u> <ul style="list-style-type: none"> • Successful completion of the Kansas Substance Abuse Epidemiological Indicators Profile • Developed an ongoing Kansas Substance Abuse Profile Team (KSAPT) • Used epidemiological data to determine SPF-SIG underage drinking priority by the SPF Advisory Council; annual presentation of evaluation findings and solicitation of feedback concerning progress based on annual assessment results • Collected data on attributable fractions of alcohol use with consequence data
X	S	Provide online access to community level data and assessment resources <u>Implemented Activities Supporting Milestone Completion:</u> <ul style="list-style-type: none"> • Created community data profiles with nine factors shown to be strongly associated with underage drinking • Housed each SPF-SIG county profile online for easy access at: http://needs.spfkansas.org/, updated annually each year of the grant. • Provided technical assistance and training to sub-recipient grant coordinators on how to access additional, supplemental data via the KCTC website
X	S	Build capacity for analysis of community level epi data <u>Implemented Activities Supporting Milestone Completion:</u> <ul style="list-style-type: none"> • Trained community grant coordinators on the assessment process • TA providers went to communities to train community coalitions and data workgroups on the assessment process
X	C	Analysis of community level data, including causal factors/intervening variables <u>Implemented Activities Supporting Milestone Completion:</u> <ul style="list-style-type: none"> • Developed community data workgroups to review data and complete needs assessment to determine the factors driving underage drinking in their community • Baseline and exit community readiness assessment • Developed a plan based on data indicating need. • Used a community planning guide (logic model) facilitated need assessment. • Tailored selection of Evidence-Based Strategies following identification of local contributing factors that underlie prioritized influencing/causal factors
X	C	Build capacity for the assessment of local capacity, collaboration, and readiness <u>Implemented Activities Supporting Milestone Completion:</u> <ul style="list-style-type: none"> • TA providers provided online training on how to conduct required community-level assessments of community readiness based on the Tri-Ethnic model; follow up training also provided on how to develop action steps for increasing readiness based upon data obtained from readiness assessments • TA providers provided online training on how to conduct a survey of local

Kansas SPF-SIG Milestones and Related Activities Supporting Implementation <i>Status: X indicates milestone was completed; Level: S = State, C = Community</i>		
		collaboration and capacity, with follow up training on how to develop a capacity building community strategic plan
Status	Level	Step 2: Capacity
X	S	<p>Continuation of and capacity building for the SPF Advisory Council and other key groups</p> <p><u>Implemented Activities Supporting Milestone Completion:</u></p> <ul style="list-style-type: none"> Facilitated an overview and SPF orientation for SPF Advisory Council members as part of initial convening Provided annual and/or twice annual updates with regard to evaluation findings and progress Facilitated monthly SPF Advisory Council meetings (later titrated to quarterly sessions) to allow group feedback and oversight throughout the planning and implementation phases of the SPF-SIG
	S	Provide facilitation for the workgroups organized during Year 1
X	S	<p>Develop and implement TA response to community readiness needs identified in Year 1</p> <p><u>Implemented Activities Supporting Milestone Completion:</u></p> <ul style="list-style-type: none"> TA providers met twice annually with sub-recipients via online conferencing to provide feedback and guidance re: community level progress on capacity and readiness community strategic plans
X	S	<p>Develop and implement TA response of community organizational, fiscal, and cultural competence needs identified in Year 1</p> <p><u>Implemented Activities Supporting Milestone Completion:</u></p> <ul style="list-style-type: none"> Throughout planning and implementation phases of the SPF-SIG, addressed coalition capacity building needs and provided supportive feedback on how to enhance coalition infrastructure and leadership through monthly individual TA calls Provided orientation session on fiscal and reporting requirements in 2008; once via on-site Orientation in Topeka, and again via follow up webinar
X	S	<p>Provide training and technical assistance for community implementation of SPF process</p> <p><u>Implemented Activities Supporting Milestone Completion:</u></p> <ul style="list-style-type: none"> Baseline and exit Readiness Assessment Baseline and exit Collaboration and Capacity Survey April 1-2, 2008 – Planning Phase Orientation May 7-8, 2008 – Assessment Training June 25-26, Evidence-Based Strategies July 29-30 – Evaluation Training February 2009 Implementation Phase Orientation March 2010 Cultural Competence Training (3 sessions) March 2011 Sustainment Training (3 sessions) May 28-29, 2011 – Sector networking
X	S	<p>Establish and provide technical support for Virtual Communities of Prevention Practice</p> <p><u>Implemented Activities Supporting Milestone Completion:</u></p> <ul style="list-style-type: none"> Facilitated two sector networking events, one in Topeka and the other in Wichita Facilitated two Communities of Practice webinars with Law Enforcement sector

Kansas SPF-SIG Milestones and Related Activities Supporting Implementation <i>Status: X indicates milestone was completed; Level: S = State, C = Community</i>		
X	S	Continue state level SPF process to support sustainment <u>Implemented Activities Supporting Milestone Completion:</u> <ul style="list-style-type: none"> Facilitated online webinar and asynchronous learning activities for sub-recipients on sustaining SPF processes and Evidence-Based Strategies Coordinated a webinar open to sub-recipients on sustainment facilitated by Pam Imm Provided technical assistance to sub-recipients during group conference call and individual conference calls on the development of sustainment community strategic plans
X	C	Implementation of SPF process in target communities <u>Implemented Activities Supporting Milestone Completion:</u> <ul style="list-style-type: none"> Following review and approval of proposed strategic plans, implementation funding was awarded to sub-recipient communities
Status	Level	Step 3: Planning
X	S	Identify ongoing planning needs to support statewide implementation of SPF <u>Implemented Activities Supporting Milestone Completion:</u> <ul style="list-style-type: none"> Meet with Project Team members and the SPF Advisory Council to present and receive feedback on SPF Timeline, Deliverables, and Gant Chart
X	S	Provide training and TA regarding selection of policies, programs, and practices <u>Implemented Activities Supporting Milestone Completion:</u> <ul style="list-style-type: none"> June 25-26 Evidence-Based Strategies training for Grant Coordinators Provided on-site training on identification and selection of Evidence-Based Strategies for communities
X	S	Provide community-level online technical assistance for testing goodness of fit, scope, saturation, intensity and alignment of proposed Evidence-Based Strategies <u>Implemented Activities Supporting Milestone Completion:</u> <ul style="list-style-type: none"> Provided training and TA regarding identification and measurement of performance outcomes Created a guidance document regarding criteria for Evidence-Based strategies, recommendations for strategy selection, and an overview of approved strategies and statewide implementers available Created a scoring rubric, provide guidance for the SPF Project Team, and facilitate a session for the review and approve sub-recipient logic models and strategic plans prior to implementation
X	C	Support the development of data-driven community level logic models and strategic plans <u>Implemented Activities Supporting Milestone Completion:</u> <ul style="list-style-type: none"> Provided technical assistance and feedback on the development of strategic plans through individual monthly conference calls Provided feedback on alignment and strength of linkages between proposed logic models and assessment findings
X	C	Support the development of community level evaluation plans <u>Implemented Activities Supporting Milestone Completion:</u> <ul style="list-style-type: none"> Provided on-site training and follow-up technical assistance to grantees to ensure that appropriate performance measures and outcome targets on implementation plans

Kansas SPF-SIG Milestones and Related Activities Supporting Implementation <i>Status: X indicates milestone was completed; Level: S = State, C = Community</i>		
Status	Level	Step 4: Implementation
	S	Coordinate implementation of state plan and workgroup contributions
X	S	Provide consultation and online access resources to support effective implementation of policies, programs, and practices <u>Implemented Activities Supporting Milestone Completion:</u> <ul style="list-style-type: none"> Developed Continuum of Impact activity and coalition self-assessment and process for determining extent of saturation of evidence-based strategies and intensity of impact for achieving outcomes Facilitated Individual monthly TA calls with sub-recipients with regard to implementation progress, successes, and challenges, with guidance provided for barriers encountered
X	S	Monitor, adjust and insure communication with state and community stakeholders <u>Implemented Activities Supporting Milestone Completion:</u> <ul style="list-style-type: none"> Developed and launched a site on the Kansas SPF Workstation for communication and resource sharing for state-level stakeholders and community-level sector representatives Facilitated regular (e.g., monthly/quarterly) meetings with SPF Advisory Council and Epi Workgroup Provided quarterly Group Technical Assistance sessions and post documents, key resources, and official notices to community sub-recipients via the Workstation
X	S	Support community level implementation and evaluation of strategic plans <u>Implemented Activities Supporting Milestone Completion:</u> <ul style="list-style-type: none"> Engaged in ongoing coordination and collaboration with the evaluation design team between Project Team members and grant coordinators
X	S	Coordinate implementation of community level evaluation plan <u>Implemented Activities Supporting Milestone Completion:</u> <ul style="list-style-type: none"> Collection of process evaluation data and provide feedback re: implementation fidelity Continued to collect state level process evaluation measures Collection of program, community, and state level NOMs data
X	C	Community level implementation of strategic plans and evidence-based strategies <u>Implemented Activities Supporting Milestone Completion:</u> <ul style="list-style-type: none"> Facilitated monthly Individual Technical Assistance conference calls with each sub-recipient through the entirety of the Implementation Phase to provide guidance, assist with responding to barriers and challenges, and share successful approaches used across sub-recipient communities Facilitated quarterly Group Technical Assistance conference calls with each sub-recipient through the entirety of the Implementation Phase to provide guidance, assist with responding to barriers and challenges, and share successful approaches used across sub-recipient communities and facilitate collective learning and peer sharing
Status	Level	Step 5: Evaluation
X	S	Provide ongoing consultation, TA, and reports to sub-recipients and state advisory groups <u>Implemented Activities Supporting Milestone Completion:</u> <ul style="list-style-type: none"> Developed and communicated recommendations for quality improvement based upon state-level Project Team review of sub-recipient process

Kansas SPF-SIG Milestones and Related Activities Supporting Implementation <i>Status: X indicates milestone was completed; Level: S = State, C = Community</i>		
		using a scoring rubric and facilitated discussion; feedback to grantees included revising community strategic plans for enhanced impact and effectiveness <ul style="list-style-type: none"> • Evaluation Team presented annual evaluation updates to the SPF-SIG Advisory Group
X	S	Analysis of state level infrastructure and implementation change <u>Implemented Activities Supporting Milestone Completion:</u> <ul style="list-style-type: none"> • Completed baseline and exit Grantee Level Instrument surveys • Analysis of state level Online Documentation and Support System
X	S	Analysis of community level evaluation data to review effectiveness of evidence-based strategies <u>Implemented Activities Supporting Milestone Completion:</u> <ul style="list-style-type: none"> • Completed online Community Level Instrument surveys for all 14 communities every six months during the grant • Collected participant level program baseline and exit surveys for all individuals participating in prevention education programs • Reported online Community Outcomes data for all communities, all programs, and all influencing factors. • Annual review of outcome data and participant level data
X	C	Ongoing community level data collection and reporting for monitoring and evaluation <u>Implemented Activities Supporting Milestone Completion:</u> <ul style="list-style-type: none"> • Required reporting on the Online Documentation and Support System of services provided and community changes, to demonstrate fidelity, saturation, and extent of implementation of evidence-based strategies • Individual quarterly sense-making conference calls with sub-recipients to review evaluation data and Online Documentation and Support System reported activities to increase evaluation skills • Developed mid-implementation and post-implementation success stories highlighting progress and successful implementation of an evidence-based program, policy, or practice

Appendix C. Implemented Strategy and Targeted Factors

Evidence-Based Strategies Implemented by SPF-Funded Communities	Number of SPF Communities Implementing Strategy	Risk/Protective Factor Addressed by Strategy						
		Academic Achievement	Pro-social Involvement	Family Involvement and Functioning	Social Norms	Social Access	Retail Access	Enforcement
Advocacy and Education	1							X
All Stars *	1				X			
Big Brothers Big Sisters*	4	X						
Capturing Kids' Hearts*	1	X						
Class Action*	2				X			
CMCA	10			X	X	X		X
Collaboration, Advocacy, Schools, and Education with Law Enforcement	2			X		X		X
Guiding Good Choices (GGC)*	1					X		
Increased Visibility of Law Enforcement	1					X		X
Keep a Clear Mind*	2		X	X	X			
Letters to Parents	1				X	X		
Life of An Athlete*	1	X	X	X				X
Life Skills Training*	2				X			
Lions Quest*	2		X		X			
Marriage 4 Keeps*	1			X				
Parenting Wisely*	1			X				
Positive Action*	1	X	X	X				
Project ALERT*	1				X			
Project Success*	2	X		X	X			
Protecting You/Protecting Me*	2				X			
Responsible Beverage Service*	1						X	
Retailer Compliance Checks	1						X	
Saturation Patrols/ RAVES	2							X
Sobriety Checkpoints	1							
Stay On Track*	1	X	X	X				
Strengthening Families*	4			X	X			
Teen Intervene*	1				X			
Too Good for Drugs*	5				X			
Tutoring*	1	X						
Youth Friends*	1	X	X					

Appendix D. Changes in Influencing Factor Outcomes for SPF-SIG Funded Communities in Comparison to State

Influencing Factor	KCTC Measure	2007 Baseline	2012 Post	2012 Change from 2007 Baseline	Percent Change
Retail Access	Bought alcohol in a store	SPF: 0.89*	0.63	-0.26*	-29.2%*
		State: 0.9*	.7	-0.2*	-22.2%*
Social Access	Obtained alcohol through social sources (friends, over 18, etc)	SPF: 16.85*	14.03	-2.82*	-16.7%*
		State: 8.9*	14.3	5.4*	60.7%*
	If you wanted to get some beer, wine, or hard liquor, how easy would it be for you to get some? (Very Easy)	SPF: 24.90	21.84	-3.06	-12.3%
		State: 23.9	19.7	-4.2	-17.6%
Social Norms	How wrong do your parents feel it would be for you to: drink beer, wine, or hard liquor regularly? (Not wrong at all)	SPF: 4.43	3.17	-1.26	-28.4%
		State: 3.8	3.31	-0.49	-12.9%
	What are the chances you would be seen as cool if you: began drinking alcoholic beverages regularly, 1 or 2 a month. (Very good chance)	SPF: 6.50	4.31	-2.19	-33.7%
		State: 5.3	4.3	-1	-18.9%
	How much do you think people risk harming themselves if they: Take one or two drinks of an alcoholic beverage nearly every day? (No risk)	SPF: 14.13	12.08	-2.05	-14.5%
		State: 12.8	12.43	-0.37	-2.9%
Academic Achievement	Risk Factor Scale: Academic Failure	SPF: 43.05	39.63	-3.42	-7.9%
		State: 40.5	37.24	-3.26	-8.0%
Family Involvement and Functioning (Poor family management)	Risk Factor Scale: Poor Family Management	SPF: 42.81	40.55	-2.26	-5.3%
		State: 41.3	39.37	-1.93	-4.7%
Enforcement	If a kid drank some alcohol in your neighborhood, or the area around where you live, would he or she be caught by police (yes & YES!)	SPF: 31.48	36.87	5.39	17.1%
		State: 32.9	36.9	4	12.2%

Appendix E. Identified Contextual Factors by County

	Woodson	Sumner	Shawnee	Seward	Russell	Reno	Osage	Nemaha	Linn	Kingman	Harper	Finney	Dickinson	Clay
Cultural attitudes or practices conducive to high substance use	X	X	X	X	X	X	X	X		X	X	X	X	X
High poverty rates/low SES	X		X	X	X	X	X		X		X	X	X	
Lack of education	X		X	X					X			X		
Large recent refugee/immigrant population			X	X								X		
Easy access to alcohol (underage)	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Easy access to illegal drugs			X	X						X	X	X		X
Lack of community awareness regarding substance abuse	X	X	X	X	X	X	X	X	X	X		X	X	X
Lack of prevention/treatment programs	X		X	X		X		X	X		X	X	X	
High unemployment or underemployment	X	X	X			X			X					
Difficulty reaching some parts of the community		X				X	X					X		
Lack of resources in rural areas	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Lack of trust in law enforcement/government/social services	X		X	X		X			X		X	X	X	
Lack of law/policy enforcement	X	X	X	X	X	X	X	X	X	X		X	X	X
Lack of clear or conducive jurisdictional boundaries among LE agencies	X	X				X	X		X	X				X
Language barriers			X	X		X						X		
Community disorganization			X				X						X	
Lack of supervised drug free activities for area youth	X		X	X		X	X	X	X	X	X	X		X
Substance use related event(s) that influenced public opinion		X	X										X	
Stressful events affecting large portions of the target population														

Appendix F. Description of Selected Evidence-Based Strategies (Adapted from SAMHSA’s National Registry of Evidence-Based Programs and Practices)

All Stars

All Stars is a multiyear school-based program for middle school students 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; (4) bonding with school, pro-social institutions, and family; and (5) increasing positive parental attentiveness.

Big Brothers Big Sisters

The Big Brothers Big Sisters Mentoring Program is designed to help participating youth ages 6-18 ("Littles") reach their potential through supported matches with adult volunteer mentors ages 18 and older ("Bigs"). The program focuses on positive youth development, not specific problems, and the Big acts as a role model and provides guidance to the Little through a relationship that is based on trust and caring. The Big and Little agree to meet two to four times per month for at least a year, with get-togethers usually lasting 3 or 4 hours and consisting of mutually enjoyable activities.

Class Action

Class Action is an evidence-based strategy targeting high school students in grades 11 and 12; its aims include: (1) delaying the onset of alcohol use, (2) reducing use among youths who have already tried alcohol, and (3) limiting the number of alcohol-related problems experienced by young drinkers. Class Action draws upon the social influence theory of behavior change, using interactive, peer-led sessions to explore the real-world legal and social consequences of substance abuse.

Communities Mobilizing for Change on Alcohol

Communities Mobilizing for Change on Alcohol (CMCA) is a community-organizing program designed to reduce teens' (13 to 20 years of age) access to alcohol by changing community policies and practices. It employs a range of social-organizing techniques to address legal, institutional, social, and health issues related to underage drinking. The goals of these organizing efforts are to eliminate illegal alcohol sales to minors, obstruct the provision of alcohol to youth, and ultimately reduce alcohol use by teens.

Guiding Good Choices

Guiding Good Choices is a substance abuse prevention program that provides parents of children in grades 4 through 8 with the knowledge and skills needed to guide their children through early adolescence. Its aims include: (1) establishing and clarifying family expectations for behavior, (2) creating and enhancing the conditions that promote bonding within the family, and (3) teaching requisite skills that allow children to resist drug and alcohol use.

Keep a Clear Mind

Keep a Clear Mind (KACM) is a take-home drug education program for elementary school students in grades 4-6 and their parents. This strategy is designed to help children develop specific skills to refuse and avoid use of "gateway" drugs. The program consists of four weekly lessons based on a social skills training model: Alcohol, Tobacco, Marijuana, and Tools to Avoid Drug Use.

Life Skills Training

Life Skills 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 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.

Lions Quest Skills for Adolescents

Lions Quest Skills for Adolescence (SFA) is a multicomponent, comprehensive life skills education program designed for school wide and classroom implementation in grades 6-8 (ages 10-14). The goal of Lions Quest programs is to help young people develop positive commitments to their families, schools, peers, and communities and to encourage healthy, drug-free lives. Lions Quest SFA unites educators, parents, and community members to utilize social influence and social cognitive approaches in developing skills and competencies in young adolescents.

Parenting Wisely

Parenting Wisely is a set of interactive, computer-based training programs for parents of children ages 3-18 years. This program set aims to increase parental communication and disciplinary skills in an effort to prevent behavior problems such as substance abuse, delinquency, and school dropout from occurring.

Positive Action

Positive Action is designed to improve academic achievement; school attendance; and problem behaviors such as substance use, violence, suspensions, disruptive

behaviors, dropping out of school, and sexual behavior. It is also designed to improve parent-child bonding, family cohesion, and family conflict.

Project ALERT

Project ALERT is a school-based prevention program for middle or junior high school students that focuses on alcohol, tobacco, and other drug use. It aims to prevent adolescent nonusers from experimenting with these drugs, and to prevent youth who are already experimenting from becoming more regular users or abusers. Project ALERT is designed to help motivate young people to avoid using drugs and to teach them the skills they need to understand and resist social influences that contribute to drug and alcohol use.

Protecting You/Protecting Me

Protecting You/Protecting Me (PY/PM) is a five-year, classroom-based substance abuse prevention program for elementary school students in grades 1-5 and high school students in grades 11 and 12. The program aims to reduce alcohol-related injuries and death among children and youth due to underage alcohol use and riding in vehicles with drivers who are not alcohol free.

Strengthening Families Program

The Strengthening Families Program (SFP) is a family skills training program designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children 3-16 years old. Life Skills sessions are designed to help children learn effective communication, understand their feelings, improve social and problem-solving skills, resist peer pressure, understand the consequences of substance use, and comply with parental rules. Participation in ongoing family support groups and booster sessions is encouraged to increase generalization and the use of skills learned.

Teen Intervene

Teen Intervene is an early intervention program targeting 12- to 19-year-olds who display signs of alcohol or substance use but neither engage in daily alcohol or substance abuse, nor show signs of dependence. By using stages of change theory, motivational enhancement, and cognitive-behavioral therapy, Teen Intervene aims to help teens reduce and ultimately eliminate their alcohol and other drug use.

Too Good for Drugs

Too Good for Drugs (TGFD) is a school-based prevention program for kindergarten through 12th grade that builds on students' resiliency by teaching them how to be socially competent and autonomous problem solvers. The program is designed to benefit everyone in the school by providing needed education in social and emotional competencies and by reducing risk factors and building protective factors that affect students in these age groups. TGFD focuses on developing personal and

interpersonal skills to resist peer pressures, goal setting, decision-making, bonding with others, having respect for self and others, managing emotions, effective communication, and social interactions. The program also provides information about the negative consequences of drug use and the benefits of a nonviolent, drug-free lifestyle.

Appendix G: National Outcome Measures

All program surveys had a set of core questions based on the National Outcome Measures (NOMs). These questions related to the state's priority of underage drinking and included:

- 1) 30-day alcohol – “On how many occasions (if any) have you had beer, wine or hard liquor during the past 30 days?”
- 2) Binge drinking – “Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?”
- 3) Risk of harm from alcohol use – “How much do you think people risk harming themselves (physically or in other ways) if they take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?”, and
- 4) Disapproval attitude toward drinking alcohol –“ How wrong do you think it is for someone your age to drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)? “

Kansas Strategic Framework
State Incentive Grant:
Final Community
Evaluation Reports



2007-2012

This Evaluation Report was submitted by:



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Notable Community Changes

Clay Counts Coalition

The Clay Counts Coalition of Clay County, Kansas identified social norms and enforcement as targeted influencing factors to be addressed in the community related to underage drinking. To address these influencing factors, the coalition selected two evidence-based strategies to implement including: Project Success and Party Patrols. The table on the following page provides an overview of the evidence-based strategies implemented and related influencing factors addressed by the Clay Counts Coalition. The Clay Counts Coalition reported that no adaptations for local context or resource availability were made during the implementation period.

Mayor Sharon Brown signed a proclamation, with the CCCHS SADD group, making the week of February 15 "Children of Alcoholics Week." The students will plan activities that are alternatives to drugs and alcohol, keeping children of alcoholics as the focus.

For the first time, the Project SUCCESS counselors met with Rick James, the County Attorney, and other judiciary, to introduce the Project SUCCESS and establish rapport. They hope to collaborate when dealing with students who have been caught drinking.

TABLE 1. EVIDENCE-BASED STRATEGIES BY TARGETED INFLUENCING FACTOR, CLAY COUNTY

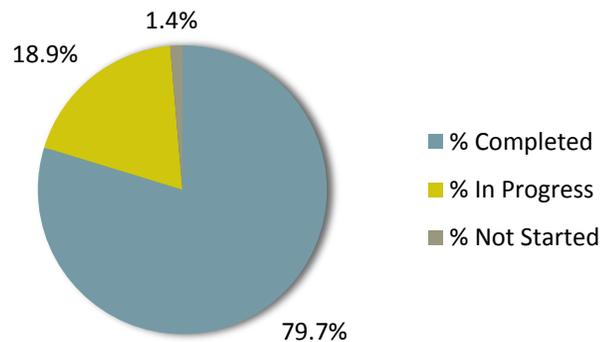
Strategy	Type of Strategy	Influencing Factors Addressed						
		Academic Achievement	Prosocial Involvement	Family Involvement and Functioning	Social Norms	Social Access	Retail Access	Enforcement
Project Success	Program				X			
Saturation Patrols/ RAVES	Environmental							X

Implementation of Community Changes and Community Strategic Plans

The Clay Counts Coalition identified 74 action steps in the community strategic plans to support implementation of the three identified evidence-based strategies. During the implementation period, the coalition completed 59 action steps resulting in 16 community and systems changes (i.e., program, policy and practice changes). The Clay Counts Coalition facilitated 10 community changes supporting the implementation of Project Success, two community changes supporting Saturation Patrols, and four community changes supporting other strategies (e.g., capacity building).

The graph below shows the distribution of action steps across evidence-based strategies by completion status.

FIGURE 1. DISTRIBUTION OF ACTION STEPS ACROSS EVIDENCE-BASED STRATEGIES, CLAY COUNTY



The following table shows the distribution of strategies supporting community changes. The Clay Counts Coalition supported the implementation of more community changes related to programs (68.8%) than for environmental strategies (25%) or media campaigns (6%).

TABLE 2. DISTRIBUTION OF COMMUNITY CHANGES BY STRATEGY, CLAY COUNTY

Strategy	Number of Community Changes
Project Success	11
Party Patrols	3
Statewide Media Campaign	1
Other	1

Individuals Served through Programs

Clay County implemented the prevention education program Project Success. This program impacted 1,246 youth. Clay County also deployed two environmental strategies. First was the development of a Task Force/Collaboration with local law enforcement that completed party patrols. Approximately 1,430 individuals were impacted by this law enforcement strategy. The second environmental strategy was media which was estimated to reach 6,500 people.

TABLE 3. NUMBER OF INDIVIDUALS IMPACTED BY PREVENTION STRATEGY TYPE

Strategy Type	Count
Prevention Education	1,246
Alternative Drug Free Activities	0
Information Dissemination	0
Problem Identification & Referral	0
Environmental - Law Enforcement	1,428
Environmental – Other	6,480

Program Fidelity

There was not enough information to assess fidelity of Project Success implementation.

Program Impact on Participant Outcomes

Clay County administered the prevention education program, Project Success. A total of 3,037 baseline and exit surveys administered to youth 5th grade and older were submitted for review. Surveys from 456 students (30%) had matched baseline and exit surveys based on a ten-digit unique ID. These data were combined to create the sample used in analysis examining change between baseline and exit surveys. Baseline and exit surveys contained questions specific to the curriculum being implemented. In addition, all program surveys had a set of core questions based on the National Outcome Measures (NOMs) that were required to be collected. These NOMs measures include past 30-day alcohol use, binge drinking, perceived risk of harm from youth alcohol use, and disapproval of youth alcohol use.

Paired-samples t-tests were calculated to show change in behavior and attitude from baseline to program exit. Survey findings across program participants did not show significant results for the four NOMs questions. However, these results do not reflect the full impact of baseline to program change experienced in Clay County. Approximately 88% of students with matched baseline and exit surveys reported that they did **not** drink in the 30-days prior to starting the program. Therefore, further analysis was conducted with data from only youth who reported drinking at program entry/baseline to answer the question of whether those that did report drinking at

baseline experienced a change in behavior or perceptions after strategy implementation/exit.

Surveys from 53 students that reported alcohol use at program entry/baseline were extracted to create the sample used in the analysis. A statistically significant reduction was found for past 30-day alcohol use at baseline, $t(52) = 2.679, p = .010$. Results for Clay County suggest that Project Success Life Skills contributed to a reduction in youth alcohol use for those who reported alcohol use prior to program entry. This may point to the effectiveness of these programs not only as a universal prevention strategy but also for a program for selected, 'at risk' students that are already engaged in alcohol use.

Improvements in Youth Past 30-Day Alcohol Use

The following tables show the reduction of both youth past 30-day alcohol and past two-week binge drinking in Clay County compared to the aggregate reduction of all SPF-SIG communities as a whole, and the State from 2007 through 2012.

Clay County demonstrated an 11.2 percentage point decrease in reported past 30-day alcohol use which results in a 31.5% change compared to 18.6% change in the state overall during the same time. Clay County youth alcohol prevalence started 6.5 percentage points higher than the state average. By the end of the SPF-SIG in 2012, prevalence was only 0.7 percentage points above the state average.

TABLE 4. COMPARISON OF CLAY COUNTY, SPF-SIG COMMUNITIES AND STATE PAST 30-DAY ALCOHOL USE BY YEAR AND RESULTING PERCENT CHANGE

Percentage Past 30-Day Alcohol Use	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
Clay County	35.6	33.8	28.9	33	23.7	24.4	-11.2	-31.5
SPF-SIG Communities	33.2	28.9	28.8	27.3	25.4	23.6	-9.6	-28.9
State	29.1	27.2	26.9	25.6	24.2	23.7	-5.4	-18.6

Similarly, as shown in the table below, youth binge drinking in Clay County started higher than the state average and ended slightly higher but much improved in 2012. Overall, the county showed an 8 percentage point or 39% reduction in youth binge drinking from 2007 to 2012.

TABLE 5. COMPARISON OF CLAY COUNTY, SPF-SIG COMMUNITIES AND STATE PAST TWO-WEEK BINGE DRINKING BY YEAR AND RESULTING PERCENT CHANGE

Percentage Past Two-Week Binge Drinking	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
Clay County	20.5	20.7	14.8	17.9	13.1	12.5	-8.0	-39.0
SPF-SIG Communities	18.3	16.2	16.2	15.0	12.9	12.6	-5.7	-31.1
State	15.6	15.2	14.7	13.8	12.7	12.4	-3.2	-20.5

Prioritized Influencing Factors Related to Underage Drinking

Clay County targeted two influencing factors as shown in the table below. The social norms influencing factor, as measured by the KCTC question asking students if they would be seen as cool if they began drinking alcohol regularly, showed the decrease resulting in a 20.5% change. Enforcement, on the other hand, showed a 16.7% change, but not in the desired direction. Fewer Clay County youth reported that they would get caught by the police if drinking in their neighborhood in 2012 than in 2007.

TABLE 6. COMPARISON OF CLAY COUNTY AND STATE KCTC MEASURES OF INFLUENCING FACTORS FROM BASELINE TO POST-IMPLEMENTATION YEAR AND RESULTING PERCENT CHANGE

Influencing Factor	KCTC Measure	Percentage at 2007 Baseline	Percentage at 2012 Post	2012 Change from 2007 Baseline	Percent Change
Social Norms	What are the chances you would be seen as cool if you: began drinking alcoholic beverages regularly, 1 or 2 a month. (Very good chance)	Clay: 7.3	5.8	-1.5	-20.5%
		State: 5.3	4.3	-1.0	-18.9%
Enforcement	If a kid drank some alcohol in your neighborhood, or the area around where you live, would he or she be caught by police (yes & YES!)	Clay: 35.9	29.9	-6.0	-16.7%
		State: 32.9	36.9	4.0	12.2%

Contextual Factors

There were eight contextual factors between 2008 and 2011. The Coalition reported that two contextual factors affected the implementation of its initiatives during the first reporting period. There were six factors reported during the second reporting period, and three during the last period. As is depicted in the figure below, three contextual factors were reported to have influenced implementation of prevention strategies across multiple periods.

FIGURE 2. NUMBER OF CONTEXTUAL FACTORS REPORTED - CLAY COUNTY

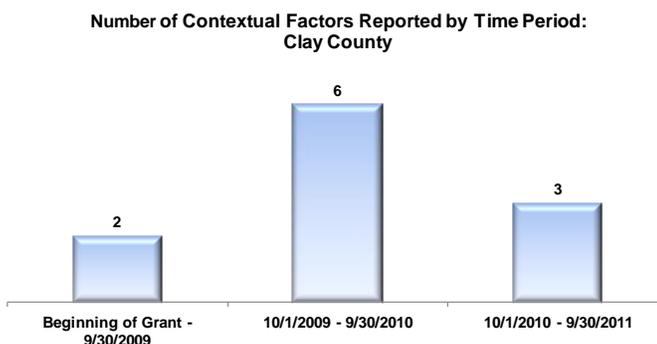


TABLE 7. CONTEXTUAL FACTORS REPORTED BY TIME PERIOD - CLAY COUNTY

Contextual Factors	Beginning of Grant - 9/30/2009	10/1/2009 - 9/30/2010	10/1/2010 - 9/30/2011
Cultural attitudes or practices conducive to high substance use		♣	
High poverty rates/low SES			
Lack of education			
Large recent refugee/immigrant population			
Easy access to alcohol (underage)		♣	♣
Easy access to illegal drugs	♣		♣
Lack of community awareness regarding substance abuse		♣	
Lack of prevention/treatment programs			
High unemployment or underemployment			
Difficulty reaching some parts of the community			
Lack of resources in rural areas		♣	♣
Lack of trust in law enforcement/government/social services			
Lack of law/policy enforcement	♣		
Lack of conducive jurisdictional boundaries among LE agencies		♣	
Language barriers			
Community disorganization			
Lack of supervised drug free activities for area youth		♣	
Substance use related event(s) that influenced public opinion			
Stressful events affecting large portions of the target population			
Other			

Adaptations to Evidence-Based Strategies

The Clay Counts Coalition reported that no adaptations for local context or resource availability were made during the implementation period.

Quality of Life Coalition of Dickinson County

The Quality of Life Coalition of Dickinson County, Kansas identified academic achievement, family involvement and functioning, social norms, and enforcement as targeted influencing factors to be addressed in the community related to underage drinking. To address these influencing factors, the coalition selected seven evidence-based strategies to implement. The table on the following page provides an overview of the evidence-based strategies implemented and related influencing factors addressed by the Quality of Life Coalition. The Quality of Life Coalition reported that no adaptations for local context or resource availability were made during the implementation period.

Approximately 57% of the evidence-based strategies were programs, and approximately 43% were environmental strategies. Moreover, nearly 43% of the strategies were implemented in schools.

The table below shows the evidence-based strategies and targeted influencing factors identified by coalition members.

Notable Community Changes

The Herington Times printed the first TeenThinking.org half page advertisement addressing underage drinking.

The “Middle Littles,” a mentoring program through Big Brothers Big Sisters, began in the community.

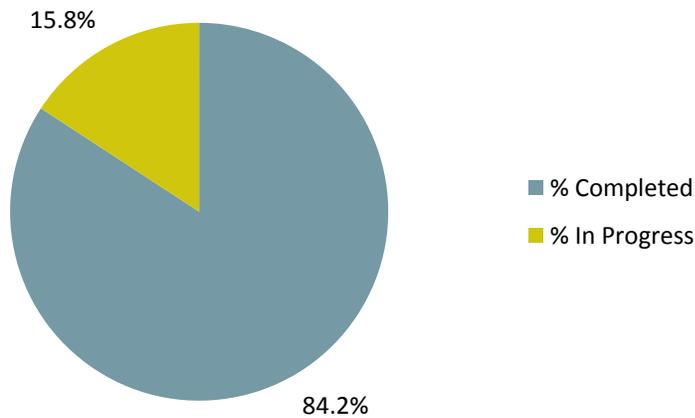
TABLE 8. EVIDENCE-BASED STRATEGIES BY TARGETED INFLUENCING FACTOR, DICKINSON COUNTY

	Strategy Type	Academic Achievement	Prosocial Involvement	Family Involvement and Functioning	Social Norms	Social Access	Retail Access	Enforcement
Big Brothers Big Sisters	Program	X						
Class Action	Program				X			
Communities Mobilizing for Change on Alcohol	Environmental				X			X
Keep a Clear Mind	Program			X				
Saturation Patrols/ RAVES	Environmental							X
Too Good for Drugs	Program				X			
Letters to Parents	Environmental				X			

Implementation of Community Changes and Community Strategic Plans

The Quality of Life Coalition of Dickinson County identified 114 action steps across seven identified evidence-based strategies. During the implementation period, the coalition completed 96 action steps resulting in 107 community and systems changes. The graph below shows the distribution of action steps across evidence-based strategies by completion status.

FIGURE 3. DISTRIBUTION OF ACTION STEPS ACROSS EVIDENCE-BASED STRATEGIES, DICKINSON COUNTY



The table below shows the distribution of strategies supporting community changes. The Quality of Life Coalition supported the implementation of more community changes related to environmental strategies and media campaigns (51.4%) than for programs (22.4%).

TABLE 9. DISTRIBUTION OF COMMUNITY CHANGES BY STRATEGY, DICKINSON COUNTY

Strategy	Number of Community Changes
Big Brothers Big Sisters	3
Class Action	7
Communities Mobilizing for Change on Alcohol	28
Keep a Clear Mind	6
Saturation Patrols	2
Too Good for Drugs	8
Parent Letters	1
Statewide Media Campaign	24
Other	29

Individuals Served through Programs

Dickinson County implemented three prevention education programs: Too Good for Drugs (n=1,504), Class Action (n=708), and Keep a Clear Mind (n=162). Alternative drug-free activities included 40 youth served through the Big Brothers/Big Sisters program. Information dissemination consisted of 4,261 letters to parents notifying them of social hosting laws. Dickinson County also deployed two environmental strategies: Saturation Patrols, and CMCA. Combined, these strategies potentially reached the total county population.

TABLE 10. NUMBER OF INDIVIDUALS IMPACTED BY PREVENTION STRATEGY TYPE

Strategy Type	Count
Prevention Education	2,374
Alternative Drug Free Activities	40
Information Dissemination	4,261
Problem Identification & Referral	0
Environmental - Law Enforcement	322
Environmental – Other	19,344

Program Fidelity

Communities implementing prevention education strategies completed fidelity checklists to help ensure that the evidence-based strategies were being implemented as recommended by the program developers. Through the fidelity checklists, nine specific items were assessed across the following five areas:

- **Strategy Content-** The strategy was implemented using the **curriculum** or content purchased or recommended by the program developers.
- **Strategy Intensity-** The number, length and frequency of program sessions implemented was according to the recommendation for full fidelity by the program developers.
- **Setting/Location-** The setting or location was appropriate for effective implementation of the strategy.
- **Target Population-** The program strategy implemented with the population indicated as appropriate by the program developers.

- **Individuals Implementing-** The parties responsible for implementing this strategy were fully trained, had appropriate skills or credentials, and were committed to implementing the components of the strategy with fidelity.

- **Too Good for Drugs**

Twelve fidelity checklists were submitted for Too Good For Drugs in Dickinson County with 86% of all fidelity items reported as being implemented with 'high fidelity' (80-100% of the time, the criterion was met). 'Moderate fidelity' (60-80% of the time criterion was met) was indicated for 11 items (11% overall). The most common items associated with moderate and low fidelity were related to strategy intensity, specially, the ability to maintain frequency of sessions, as well as training of those implementing, and partner commitment.

- **Keep a Clear Mind & Class Action**

There was not enough information to assess fidelity of program implementation for these programs.

Program Impact on Participant Outcomes

Dickinson County administered three prevention programs mentioned above. A total of 5,500 baseline and exit surveys administered to youth 5th grade and older were submitted for review. Surveys from 976 students (35%) had matched baseline and exit surveys based on a ten-digit unique ID. These data were combined to create the sample used in analysis examining change between baseline and exit surveys.

Baseline and exit surveys contained questions specific to the curriculum being implemented. In addition, all program surveys had a set of core questions based on the National Outcome Measures (NOMs) that were required to be collected. These NOMs measures include past 30-day alcohol use, binge drinking, perceived risk of harm from youth alcohol use, and disapproval of youth alcohol use. Paired-samples t-tests were calculated to show change in behavior and attitude from baseline to program exit. Survey findings across program participants did not show significant results for the four NOMs questions. However, these results do not reflect the full impact of baseline to program change experienced in Dickinson County.

Approximately, 79% of students with matched baseline and exit surveys reported that they did **not** drink in the 30-days prior to starting the program. Therefore, further analysis was conducted with data from only youth who reported drinking at program entry/baseline to answer the question of whether those that did report drinking at baseline experienced a change in behavior or perceptions after strategy implementation/exit.

For Class Action, surveys from 78 students that reported alcohol use at program entry/baseline were extracted to create the sample used in this analysis. Statistically significant results were found for past 30-day alcohol use, $t(77) = 2.942$, $p = .044$ and disapproval of youth drinking, $t(77) = 2.059$, $p = .043$.

The Too Good for Drugs program had 127 youth that reported drinking at baseline. Results showed a significant reduction in past 30-day alcohol use at program exit, $t(118) = 5.921$, $p < .001$. Students also reported a significantly higher perceived risk of harm from regular alcohol use at program exit, $t(126) = -2.172$, $p = .032$.

Keep a Clear Mind did not have a large enough sample to complete this analysis. Results for Dickinson County suggest that Class Action and Too Good for Drugs contributed to a reduction in youth alcohol use for those who reported alcohol use

prior to program entry. This may point to the effectiveness of these programs not only as a universal prevention strategy but also for a program for selected, 'at risk' students that are already engaged in alcohol use.

Improvements in Youth Past 30-Day Alcohol Use

The following tables show the reduction of both youth past 30-day alcohol and past two-week binge drinking in Dickinson County compared to the aggregate reduction of all SPF-SIG communities as a whole, and the State, from 2007 through 2012.

Dickinson County demonstrated a 6.4 percentage point decrease in reported past 30-day alcohol use compared to a 5.4 percentage point decrease in the state overall during the same time. Dickinson County youth alcohol prevalence started 7.5 percentage points higher than the state average. By the end of the SPF-SIG in 2012, prevalence was 6.5 percentage points above the state average.

TABLE 11. COMPARISON OF DICKINSON COUNTY, SPF-SIG COMMUNITIES AND STATE PAST 30-DAY ALCOHOL USE BY YEAR AND RESULTING PERCENT CHANGE

Percentage of Past 30-Day Alcohol Use	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
Dickinson County	36.6	32.9	31.4	31.2	26.1	30.2	-6.4	-17.5
SPF-SIG Communities	33.2	28.9	28.8	27.3	25.4	23.6	-9.6	-28.9
State	29.1	27.2	26.9	25.6	24.2	23.7	-5.4	-18.6

Similarly, as shown in the table below, youth binge drinking in Dickinson County started higher than the state average and was still higher than the state average in 2012. Overall the county showed a 3.8 percentage point or 18.1% reduction in youth binge drinking from 2007 to 2012.

TABLE 12. COMPARISON OF DICKINSON COUNTY, SPF-SIG COMMUNITIES AND STATE PAST TWO-WEEK BINGE DRINKING BY YEAR AND RESULTING PERCENT CHANGE

Percentage of Past Two-Week Binge Drinking	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
Dickinson County	21.0	19.9	15.3	17.2	11.8	17.2	-3.8	-18.1
SPF-SIG Communities	18.3	16.2	16.2	15.0	12.9	12.6	-5.7	-31.1
State	15.6	15.2	14.7	13.8	12.7	12.4	-3.2	-20.5

Prioritized Influencing Factors Related to Underage Drinking

Dickinson County targeted three influencing factors: Social Norms, Academic Achievement, Family Involvement & Functioning, and Enforcement. These influencing factors were measured using data from questions on the KCTC student survey. Highlights include a 3.6 percentage point or 22.2% decrease in the portion of students who said “No risk” in answer to the question about how much people risk harming themselves if they drink nearly every day. There was also a 6.8 percentage point or 24.1% increase in the portion of students saying kids would be caught if they drank alcohol.

TABLE 13. COMPARISON OF DICKINSON COUNTY AND STATE KCTC MEASURES OF INFLUENCING FACTORS FROM BASELINE TO POST-IMPLEMENTATION YEAR AND RESULTING PERCENT CHANGE

Influencing Factor	KCTC Measure	Percentage at 2007 Baseline	Percentage at 2012 Post	2012 Change from 2007 Baseline	Percent Change
Social Norms	How wrong do your parents feel it would be for you to: drink beer, wine, or hard liquor regularly? (Not wrong at all)	Dickinson: 6.2	5.1	-1.1	-17.7%
		State: 3.8	3.31	-0.49	-12.9%
	How much do you think people risk harming themselves if they: Take one or two drinks of an alcoholic beverage nearly every day? (No risk)	Dickinson: 16.2	12.6	-3.6	-22.2%
		State: 12.8	12.4	-0.4	-2.9%
Academic Achievement	Risk Factor Scale: Academic Failure	Dickinson: 40.4	37.2	-3.2	-7.9%
		State: 40.5	37.2	-3.3	-8.0%
Family Involvement & Functioning	Risk Factor Scale: Poor Family Management	Dickinson: 41.0	39.6	-1.4	-3.4%
		State: 41.0	39.4	-1.6	-3.9%
Enforcement	If a kid drank some alcohol in your neighborhood, or the area around where you live, would he or she be caught by police (yes & YES!)	Dickinson: 28.2	35.0	6.8	24.1%
		State: 32.9	36.9	4.0	12.2%

Contextual Factors

There were 10 contextual factors identified across the three reporting periods in 2009, 2010, and 2011. The Coalition reported that seven contextual factors affected the implementation of its initiatives during the first reporting period. There were six factors reported during the second reporting period, and two during the last reporting period. As is depicted in the figure below, two contextual factors were reported across multiple periods.

FIGURE 4. NUMBER OF CONTEXTUAL FACTORS REPORTED - DICKINSON COUNTY

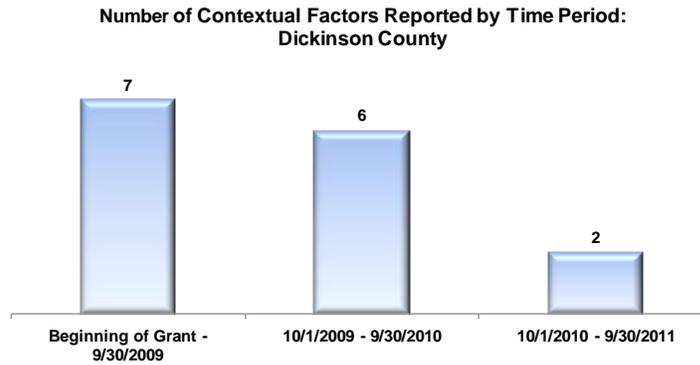


TABLE 14. CONTEXTUAL FACTORS BY TIME PERIOD - DICKINSON COUNTY

Contextual Factors	Beginning of Grant - 9/30/2009	10/1/2009 - 9/30/2010	10/1/2010 - 9/30/2011
Cultural attitudes or practices conducive to high substance use	♣	♣	
High poverty rates/low SES	♣		
Lack of education			
Large recent refugee/immigrant population			
Easy access to alcohol (underage)	♣	♣	♣
Easy access to illegal drugs			
Lack of community awareness regarding substance abuse	♣	♣	♣
Lack of prevention/treatment programs	♣		
High unemployment or underemployment			
Difficulty reaching some parts of the community			
Lack of resources in rural areas	♣		
Lack of trust in law enforcement/government/social services		♣	
Lack of law/policy enforcement		♣	
Lack of conducive jurisdictional boundaries among LE agencies			
Language barriers			
Community disorganization	♣		
Lack of supervised drug free activities for area youth			
Substance use related event(s) that influenced public opinion		♣	
Stressful events affecting large portions of the target population			
Other			

Adaptations to Evidence-Based Strategies

The Quality of Life Coalition of Dickinson County reported that no adaptations for local context or resource availability were made during the implementation period.

Notable Community Changes

The first Life Skills session began at Abe Hubert Middle School. Two Physical Education (PE) teachers were trained as facilitators to implement the program to all 7th and 8th graders enrolled in PE class.

For the first time, the TeenThinking message was advertised in 500 Garden City Police Department Drug and Abuse booklets.

Community Health Coalition of Finney County

The Community Health Coalition of Finney County, Kansas identified academic achievement, family involvement and functioning, social norms, and enforcement as targeted influencing factors to be addressed in the community related to underage drinking. To address these influencing factors, the coalition selected 10 evidence-based strategies to implement. The table on the following page provides an overview of the evidence-based strategies implemented and related influencing factors addressed by the coalition. The coalition reported that no adaptations for local context or resource availability were made during the implementation period.

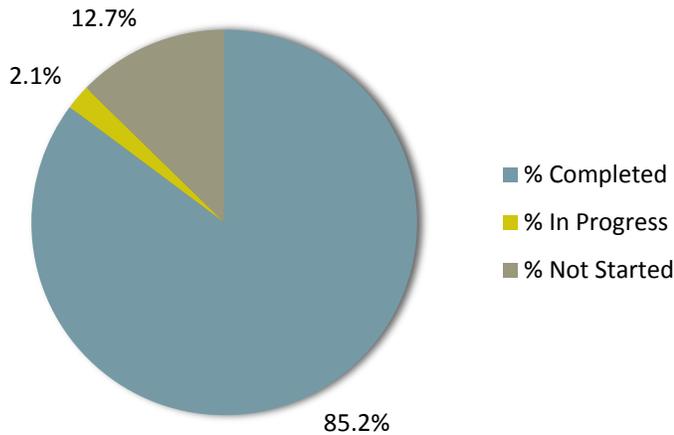
TABLE 15. DISTRIBUTION OF EVIDENCE-BASED STRATEGIES BY TARGETED INFLUENCING FACTOR, FINNEY COUNTY

	Strategy Type	Academic Achievement	Prosocial Involvement	Family Involvement and Functioning	Social Norms	Social Access	Retail Access	Enforcement
Big Brothers Big Sisters	Program	X						
Collaboration, Advocacy, and Education with Law Enforcement	Environmental							X
Collaboration with Schools	Environmental			X	X			
Guiding Good Choices (GGC)	Program			X				
Life Skills Training	Program				X			
Marriage 4 Keeps	Program			X				
Protecting You Protecting Me	Program				X			
Teen Intervene	Program				X			
Too Good for Drugs	Program				X			
Tutoring	Program	X						

Implementation of Community Changes and Community Strategic Plans

The Community Health Coalition of Finney County identified 142 action steps across 10 identified evidence-based strategies. During the implementation period, the coalition completed 121 action steps resulting in 53 community and systems changes. The graph below shows the distribution of action steps across evidence-based strategies by completion status.

FIGURE 5. DISTRIBUTION OF ACTION STEPS ACROSS EVIDENCE-BASED STRATEGIES, FINNEY COUNTY



The table below shows the distribution of strategies supporting community changes. The Community Health Coalition supported the implementation of more community changes related to programs (52.8%) than for environmental strategies and media campaigns (27.3%).

TABLE 16. DISTRIBUTION OF COMMUNITY CHANGES BY STRATEGY, FINNEY COUNTY

Strategy	Number of Community Changes
Collaboration, Advocacy, and Education with Law Enforcement	4
Collaboration with Schools	1
Guiding Good Choices	8
Life Skills Training	15
Protecting You/Protecting Me	3
Teen Intervene	1
Too Good for Drugs	1
Youth Police Academy	4
Statewide Media Campaign	7
Other	9

Individuals Served through Programs

Finney County implemented four prevention education programs: Protecting You/Protecting Me, Life Skills, Guiding Good Choices, and Too Good For Drugs serving over 3,000 youth. In addition, Big Brothers/Big Sisters was an alternative drug-free activity that served 528 youth. Marriage for Keeps and Teen Intervene served 115 individuals. Finney County also deployed two environmental strategies: Collaboration with Law, and Collaboration with School. Combined, these strategies potentially reached the total county population.

TABLE 17. NUMBER OF INDIVIDUALS IMPACTED BY PREVENTION STRATEGY TYPE

Strategy Type	Count
Prevention Education	3,039
Alternative Drug Free Activities	528
Information Dissemination	0
Problem Identification & Referral	115
Environmental - Law Enforcement	699
Environmental – Other	36,776

Program Fidelity

Communities implementing prevention education strategies completed fidelity checklists to help ensure that the evidence-based strategies were being implemented as recommended by the program developers. Through the fidelity checklists, nine specific items were assessed across the following five areas:

- **Strategy Content-** The strategy was implemented using the **curriculum** or content purchased or recommended by the program developers.
- **Strategy Intensity-** The number, length and frequency of program sessions implemented was according to the recommendation for full fidelity by the program developers.
- **Setting/Location-** The setting or location was appropriate for effective implementation of the strategy.
- **Target Population-** The program strategy implemented with the population indicated as appropriate by the program developers.
- **Individuals Implementing-** The parties responsible for implementing this strategy were fully trained, had appropriate skills or credentials, and were committed to implementing the components of the strategy with fidelity.

- Guiding Good Choices

Ten checklists were submitted for Guiding Good Choices in Finney County with 100% of all fidelity items reported as being implemented with ‘high fidelity’ (80-100% of the time, the criterion was met).

- Life Skills Training

Close to 100 fidelity checklists were submitted for Life Skills Training in Finney County with 99.8% of all fidelity items reported as being implemented with ‘high fidelity’ (80-100% of the time, the criterion was met). ‘Moderate fidelity’ (60-80% of the time criterion was met) was indicated for only two items that related strategy content and strategy intensity.

- Too Good For Drugs

Twelve fidelity checklists were submitted for Too Good For Drugs in Finney County with 99% of all fidelity items reported as being implemented with ‘high fidelity’ (80-100% of the time, the criterion was met). ‘Moderate fidelity’ (60-80% of the time criterion was met) was indicated once for a strategy intensity concern about frequency of program sessions.

- Protecting You/Protecting Me

Twenty-two fidelity checklists were submitted for Protecting You/Protecting Me. All but one item strategy intensity component was reported to be completed with 'high fidelity' (80-100% of the time, the criterion was met).

Program Impact on Participant Outcomes

Finney County administered four prevention education programs. A total of 2,549 baseline and exit surveys administered to youth 5th grade and older were submitted for review. Surveys from 756 students (59%) had matched baseline and exit surveys based on a ten-digit unique ID. These data were combined to create the sample used in analysis examining change between baseline and exit surveys. Baseline and exit surveys contained questions specific to the curriculum being implemented. In addition, all program surveys had a set of core questions based on the National Outcome Measures (NOMs) that were required to be collected. These NOMs measures include past 30-day alcohol use, binge drinking, perceived risk of harm from youth alcohol use, and disapproval of youth alcohol use. Paired-samples t-tests were calculated to show change in behavior and attitude from baseline to program exit. Survey findings across program participants did not show significant results for the four NOMs questions. However, these results do not reflect the full impact of baseline to program change experienced in Finney County. Approximately, 85% of students with matched baseline and exit surveys reported that they did **not** drink in the 30-days prior to the starting the program. Therefore, further analysis was conducted with data from only youth who reported drinking at program entry/baseline to answer the question of whether those that did report drinking at baseline experienced a change in behavior or perceptions after strategy implementation/exit.

For Life Skills, surveys from 108 students that reported alcohol use at program entry/baseline were extracted to create the sample used in this analysis. Statistically significant results were found for past 30-day alcohol use, $t(107) = 4.827$, $p < .001$ and perceived risk of harm, $t(97) = -2.210$, $p = .029$.

Protecting You/Protecting Me program had six youth that reported drinking at baseline. Results showed a significant reduction in past 30-day alcohol use at program exit, $t(5) = 2.712$, $p = .042$. Too Good For Drugs and Keep a Clear Mind did not have a large enough sample of matched pairs to complete these analyses.

Results for Finney County suggest that Life Skills and Protecting You/Protecting Me contributed to a reduction in youth alcohol use for those who reported alcohol use prior to program entry. This may point to the effectiveness of these programs not only as a universal prevention strategy but also for a program for selected, 'at risk' students that are already engaged in alcohol use.

Improvements in Youth Past 30-Day Alcohol Use

The following tables show the reduction of both youth past 30-day alcohol and past two-week binge drinking in Finney County compared to the aggregate reduction of all SPF-SIG communities as a whole, and the State, from 2007 through 2012.

Finney County demonstrated a 9.4 percentage point decrease in reported past 30-day alcohol use which results in a 27.6% change compared to 18.6% change in the state overall during the same time. Finney County youth alcohol prevalence started 5

percentage points higher than the state average. By the end of the SPF-SIG in 2012, prevalence was just 1 percentage point above the state average.

TABLE 18. COMPARISON OF FINNEY COUNTY, SPF-SIG COMMUNITIES AND STATE PAST 30-DAY ALCOHOL USE BY YEAR AND RESULTING PERCENT CHANGE

Percentage Past 30-Day Alcohol Use	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
Finney County	34.1	25.9	27.1	27.6	28.4	24.7	-9.4	-27.6
SPF-SIG Communities	33.2	28.9	28.8	27.3	25.4	23.6	-9.6	-28.9
State	29.1	27.2	26.9	25.6	24.2	23.7	-5.4	-18.6

As shown in the table below, youth binge drinking in Finney County started higher than the state average and remained higher at the end of SPF-SIG in 2012. However, the gap had narrowed from 3.2 percentage points to 1.5 percentage points. Overall the county showed a 4.9 percentage point or 26.1% reduction in youth binge drinking from 2007 to 2012. This was a larger change than was seen statewide.

TABLE 19. COMPARISON OF FINNEY COUNTY, SPF-SIG COMMUNITIES AND STATE PAST TWO-WEEK BINGE DRINKING BY YEAR AND RESULTING PERCENT CHANGE

Percentage Past Two-Week Binge Drinking	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
Finney County	18.8	15	17.2	16.9	15.4	13.9	-4.9	-26.1
SPF-SIG Communities	18.3	16.2	16.2	15.0	12.9	12.6	-5.7	-31.1
State	15.6	15.2	14.7	13.8	12.7	12.4	-3.2	-20.5

Prioritized Influencing Factors Related to Underage Drinking

Finney County targeted four influencing factors, which were measured by four KCTC student survey questions or scales. The most prominent change was a 42.1% drop in the portion of students who said their parents would feel it is not wrong at all for the students to drink alcohol regularly.

TABLE 20. COMPARISON OF FINNEY COUNTY AND STATE KCTC MEASURES OF INFLUENCING FACTORS FROM BASELINE TO POST-IMPLEMENTATION YEAR AND RESULTING PERCENT CHANGE

Influencing Factor	KCTC Measure	Percentage at 2007 Baseline	Percentage at 2012 Post	2012 Change from 2007 Baseline	Percent Change
Social Norms	How wrong do your parents feel it would be for you to: drink beer, wine, or hard liquor regularly? (Not wrong at all)	Finney: 3.8	2.2	-1.6	-42.1%
		State: 3.8	3.3	-0.49	-12.9%
Academic Achievement	Risk Factor Scale: Academic Failure	Finney: 46.4	42.4	-4.0	-8.6%
		State: 40.5	37.2	-3.3	-8.0%
Family Involvement & Functioning	Risk Factor Scale: Poor Family Management	Finney: 50	47.9	-2.1	-4.2%
		State: 41.3	39.4	-1.9	-4.7%
Enforcement	If a kid drank some alcohol in your neighborhood, or the area around where you live, would he or she be caught by police (yes & YES!)	Finney: 37.1	35.9	-1.2	-3.2%
		State: 32.9	36.9	4.0	12.2%

Contextual Factors

There were 14 contextual factors identified across the three reporting periods in 2009, 2010, and 2011. The Coalition reported that eleven contextual factors affected the implementation of its initiatives during the first reporting period. There were 11 factors reported during the second period, and thirteen during the last period. As is depicted in the figure below, 11 contextual factors were reported across multiple periods.

FIGURE 6. NUMBER OF CONTEXTUAL FACTORS REPORTED - FINNEY COUNTY

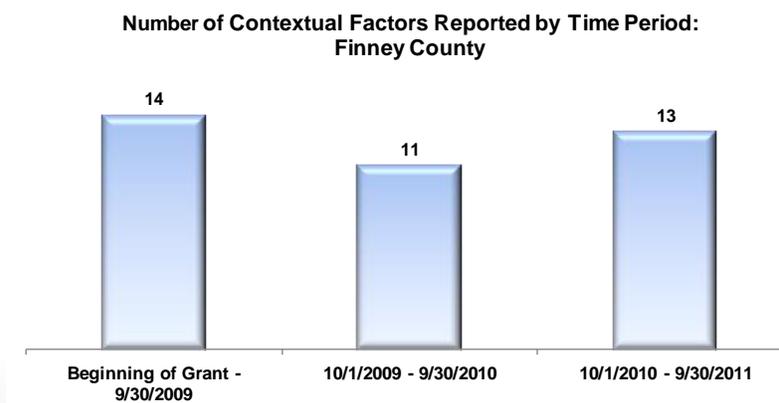


TABLE 21. CONTEXTUAL FACTORS BY TIME PERIOD – FINNEY COUNTY

Contextual Factors	Beginning of Grant - 9/30/2009	10/1/2009 - 9/30/2010	10/1/2010 - 9/30/2011
Cultural attitudes or practices conducive to high substance use	*	*	*
High poverty rates/low SES	*	*	*
Lack of education	*	*	*
Large recent refugee/immigrant population	*	*	*
Easy access to alcohol (underage)	*	*	*
Easy access to illegal drugs	*	*	*
Lack of community awareness regarding substance abuse	*	*	*
Lack of prevention/treatment programs	*	*	*
High unemployment or underemployment			
Difficulty reaching some parts of the community	*		*
Lack of resources in rural areas	*	*	*
Lack of trust in law enforcement/government/social services	*	*	*
Lack of law/policy enforcement	*		
Lack of conducive jurisdictional boundaries among LE agencies			
Language barriers	*	*	*
Community disorganization			
Lack of supervised drug free activities for area youth	*		*
Substance use related event(s) that influenced public opinion			
Stressful events affecting large portions of the target population			
Other			

Adaptations to Evidence-Based Strategies

The Community Health Coalition of Finney County reported that no adaptations for local context or resource availability were made during the implementation period.

The Community Health Coalition of Finney County identified 142 action steps across 10 identified evidence-based strategies. During the implementation period, the coalition completed 121 action steps resulting in 53 community and systems changes. The graph below shows the distribution of action steps across evidence-based strategies by completion status.

Notable Community Changes

For the first time, the Lighthouse Organization approved for \$1,000 to be donated for expenses related to the Town Hall Meeting.

Harper County ICC

The Harper County ICC identified prosocial involvement, family involvement and functioning, and social norms as targeted influencing factors to be addressed in the community related to underage drinking. To address these influencing factors, the coalition selected four evidence-based strategies to implement. The table on the following page provides an overview of the evidence-based strategies implemented and related influencing factors addressed by the coalition. The coalition reported that no adaptations for local context or resource availability were made during the implementation period.

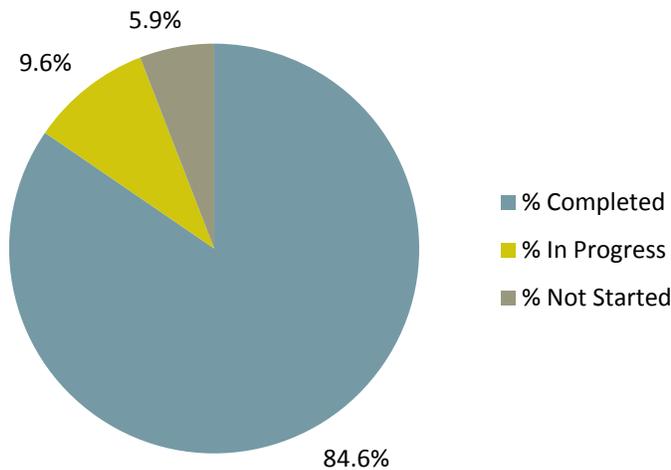
TABLE 22. EVIDENCE-BASED STRATEGIES BY TARGETED INFLUENCING FACTOR, HARPER COUNTY

	Strategy Type	Academic Achievement	Prosocial Involvement	Family Involvement and Functioning	Social Norms	Social Access	Retail Access	Enforcement
CMCA	Environmental				X			
Lions Quest	Program		X					
Strengthening Families 10-14	Program			X				
YouthFriends	Program		X					

Implementation of Community Changes and Community Strategic Plans

The Harper County ICC identified 136 action steps across three identified evidence-based strategies. During the implementation period, the coalition completed 115 action steps resulting in 28 community and systems changes. The graph below shows the distribution of action steps across evidence-based strategies by completion status.

FIGURE 7. DISTRIBUTION OF ACTION STEPS ACROSS EVIDENCE-BASED STRATEGIES, HARPER COUNTY



The table below shows the distribution of strategies supporting community changes. The Harper County ICC supported the implementation of more community changes related to programs (65.2%) than environmental strategies and media campaigns (34.8%).

TABLE 23. DISTRIBUTION OF COMMUNITY CHANGES BY STRATEGY, HARPER COUNTY

Strategy	Number of Community Changes
YouthFriends	9
Strengthening Families	2
Lion’s Quest	4
Communities Mobilizing for Change on Alcohol	6
Advocacy, Education, and Law Enforcement (part of CMCA)	1
Statewide Media Campaign	1
Other	5

Individuals Served through Programs

The communities were encouraged to incorporate a mix of both environmental strategies and prevention programs. Harper County implemented two prevention education programs: Strengthening Families (n=73) and Lions Quest (n=284). Alternative Drug Free Activities served 108 youth participating in the YouthFriends program. Harper County also implemented one environmental strategy: CMCA. Combined, these strategies potentially reached the total county population.

TABLE 24. NUMBER OF INDIVIDUALS IMPACTED BY PREVENTION STRATEGY TYPE

Strategy Type	Count
Prevention Education	357
Alternative Drug Free Activities	108
Information Dissemination	0
Problem Identification & Referral	0
Environmental - Law Enforcement	0
Environmental – Other	6,034

Fidelity to Program

Communities implementing prevention education strategies completed fidelity checklists to help ensure that the evidence-based strategies were being implemented as recommended by the program developers. Through the fidelity checklists, nine specific items were assessed across the following five areas:

- **Strategy Content-** The strategy was implemented using the **curriculum** or content purchased or recommended by the program developers.
- **Strategy Intensity-** The number, length and frequency of program sessions implemented was according to the recommendation for full fidelity by the program developers.
- **Setting/Location-** The setting or location was appropriate for effective implementation of the strategy.
- **Target Population-** The program strategy implemented with the population indicated as appropriate by the program developers.

- **Individuals Implementing-** The parties responsible for implementing this strategy were fully trained, had appropriate skills or credentials, and were committed to implementing the components of the strategy with fidelity.

- **Lions Quest**

Twenty-seven fidelity checklists were submitted for Lions Quest in Harper County with 58% of all fidelity items reported as being implemented with 'high fidelity' (80-100% of the time, the criterion was met). 'Moderate fidelity' (60-80% of the time criterion was met) was indicated for 82 items (34% overall) and 'low fidelity' (<60%) was indicated for 19 items (8%). The most common items associated with moderate and low fidelity were related to strategy intensity issues. Specifically, comments regarding strategy intensity expressed difficulty adhering to the number of and length of program sessions.

- **Strengthening Families**

There was not enough information to assess fidelity of program implementation with this program.

Program Impact on Participant Outcomes

Harper County administered two prevention education programs. A total of 1,015 baseline and exit surveys administered to youth 5th grade and older were submitted for review. Surveys from 155 students (31%) had matched baseline and exit surveys based on a ten-digit unique ID. These data were combined to create the sample used in analysis examining change between baseline and exit surveys. Baseline and exit surveys contained questions specific to the curriculum being implemented. In addition, all program surveys had a set of core questions based on the National Outcome Measures (NOMs) that were required to be collected. These NOMs measures include past 30-day alcohol use, binge drinking, perceived risk of harm from youth alcohol use, and disapproval of youth alcohol use. Paired-samples t-tests were calculated to show change in behavior and attitude from baseline to program exit. Survey findings across program participants did not show significant results for the four NOMs questions. Approximately, 92% of students with matched baseline and exit surveys reported that they did **not** drink in the 30-days prior to starting the program. Therefore, further analysis was conducted with data from only youth who reported drinking at program entry/baseline to answer the question of whether those that did report drinking at baseline experienced a change in behavior or perceptions after strategy implementation/exit.

For Lion's Quest, surveys from 12 students that reported alcohol use at program entry/baseline were extracted to create the sample used in this analysis. No significant changes in the four NOMs measures were found for these students at program exit. However, this may be due in part of the small sample size given the fact that so few students reported drinking at baseline.

No youth in the Strengthening Families program reported drinking at baseline.

Improvements in Youth Past 30-Day Alcohol Use

The following tables show the reduction of both youth past 30-day alcohol and past two-week binge drinking in Harper County compared to the aggregate reduction of all SPF-SIG communities as a whole, and the State from 2007 through 2012.

Harper County demonstrated a 12.6 percentage point decrease in reported past 30-day alcohol use which results in a 34.9% change compared to 18.6% change in the state overall during the same time. Harper County youth alcohol prevalence started 7 percentage points higher than the state average. By the end of the SPF-SIG in 2012, prevalence was 0.2 percentage points below the state average.

TABLE 25. COMPARISON OF HARPER COUNTY, SPF-SIG COMMUNITIES AND STATE PAST 30-DAY ALCOHOL USE BY YEAR AND RESULTING PERCENT CHANGE

Percentage Past 30-Day Alcohol Use	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
Harper County	36.1	36.1	28.8	31.4	27.1	23.5	-12.6	-34.9
SPF-SIG Communities	33.2	28.9	28.8	27.3	25.4	23.6	-9.6	-28.9
State	29.1	27.2	26.9	25.6	24.2	23.7	-5.4	-18.6

Youth binge drinking in Harper County started higher than the state average and was still higher at the end of the SPF-SIG. However, it dropped by 9.3 percentage points, resulting in a 41.9% change. This change was larger than the statewide drop of 3.2 percentage points or 20.5%.

TABLE 26. COMPARISON OF HARPER COUNTY, SPF-SIG COMMUNITIES AND STATE PAST TWO-WEEK BINGE DRINKING BY YEAR AND RESULTING PERCENT CHANGE

Percentage Past Two-Week Binge Drinking	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
Harper County	22.2	22.2	16.7	15.9	13.6	12.9	-9.3	-41.9
SPF-SIG Communities	18.3	16.2	16.2	15.0	12.9	12.6	-5.7	-31.1
State	15.6	15.2	14.7	13.8	12.7	12.4	-3.2	-20.5

Prioritized Influencing Factors Related to Underage Drinking

Harper County targeted two influencing factors: Social Norms, Poor Family Management, and Prosocial Involvement. Changes in these factors were monitored by examining five questions or scales on the KCTC student survey. Highlights include a 3.2 percentage point (29.9%) reduction in the portion of students who said there was a “very good chance” they would be seen as cool if they began drinking regularly, and a five percentage point (32.3%) reduction in the portion of students who said that people put themselves at “no risk” if they drink alcohol every day.

TABLE 27. COMPARISON OF HARPER COUNTY AND STATE KCTC MEASURES OF INFLUENCING FACTORS FROM BASELINE TO POST-IMPLEMENTATION YEAR AND RESULTING PERCENT CHANGE

Influencing Factor	KCTC Measure	Percentage at 2007 Baseline	Percentage at 2012 Post	2012 Change from 2007 Baseline	Percent Change
Social Norms	How wrong do your parents feel it would be for you to: drink beer, wine, or hard liquor regularly? (Not wrong at all)	Harper: No data*	3.7	N/A	N/A
		State: 3.8	3.31	-0.49	-12.9%
	What are the chances you would be seen as cool if you: began drinking alcoholic beverages regularly, 1 or 2 a month. (Very good chance)	Harper: 10.7	7.5	-3.2	-29.9%
		State: 5.3	4.3	-1.0	-18.9%
	How much do you think people risk harming themselves if they: Take one or two drinks of an alcoholic beverage nearly every day? (No risk)	Harper: 15.5	10.5	-5.0	-32.3%
		State: 12.8	12.4	-0.4	-2.9%
Family Involvement & Functioning	Risk Factor Scale: Poor Family Management	Harper: 40.7**	38.8	-1.9*	-4.7%*
		State: 41.3	39.4	-1.9	-4.7%
Pro-social Involvement	Protective Factor Scale: School Rewards for Positive Involvement	Harper: 48.0	59.3	11.3	23.5%
		State: 59.0	60.6	1.6	2.7%

*Neither 2007 nor 2008 data were available for this measure in Harper County.

**2007 data were not available for this question. 2008 data were used in their place.

Contextual Factors

There were eight contextual factors identified across the three reporting periods in 2009, 2010, and 2011. The Coalition reported that six contextual factors affected the implementation of its initiatives during the first reporting period. There were five factors reported during the second reporting period, and five during the last reporting period. As is depicted in the figure below, two contextual factors were reported across multiple periods.

FIGURE 8. NUMBER OF CONTEXTUAL FACTORS REPORTED - HARPER COUNTY

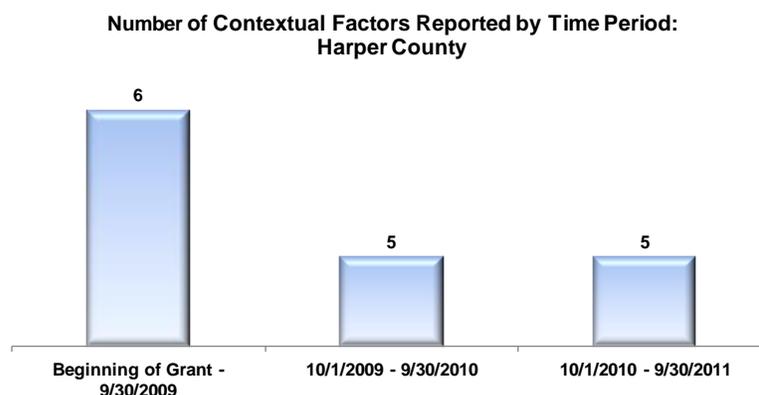


TABLE 28. CONTEXTUAL FACTORS BY TIME PERIOD - HARPER COUNTY

Contextual Factors	Beginning of Grant - 9/30/2009	10/1/2009 - 9/30/2010	10/1/2010 - 9/30/2011
Cultural attitudes or practices conducive to high substance use	♣		♣
High poverty rates/low SES		♣	
Lack of education			
Large recent refugee/immigrant population			
Easy access to alcohol (underage)	♣	♣	♣
Easy access to illegal drugs	♣		♣
Lack of community awareness regarding substance abuse			
Lack of prevention/treatment programs	♣	♣	♣
High unemployment or underemployment			
Difficulty reaching some parts of the community			
Lack of resources in rural areas	♣	♣	
Lack of trust in law enforcement/government/social services	♣	♣	
Lack of law/policy enforcement			
Lack of conducive jurisdictional boundaries among LE agencies			
Language barriers			
Community disorganization			
Lack of supervised drug free activities for area youth			♣
Substance use related event(s) that influenced public opinion			
Stressful events affecting large portions of the target population			
Other			

Adaptations to Evidence-Based Strategies

The Harper County Healthy Choices Coalition reported that no adaptations for local context or resource availability were made during the implementation period.

Notable Community Changes

Prepared for and implemented the first session of the Strengthening Families Program. Everyone was very well prepared for implementation. We had seven families in attendance.

New Safe Homes pledge is being implemented in USD 331. This pledge is for parents to sign that they will only host drug & alcohol free parties for their youth.

Kingman County Substance Abuse Prevention Group

The Kingman County Substance Abuse Prevention Group identified social norms and social access as targeted influencing factors to be addressed in the community related to underage drinking. To address these influencing factors, the coalition selected four evidence-based strategies to implement. The table on the following page provides an overview of the evidence-based strategies implemented and related influencing factors addressed by the coalition. The coalition reported that no adaptations for local context or resource availability were made during the implementation period.

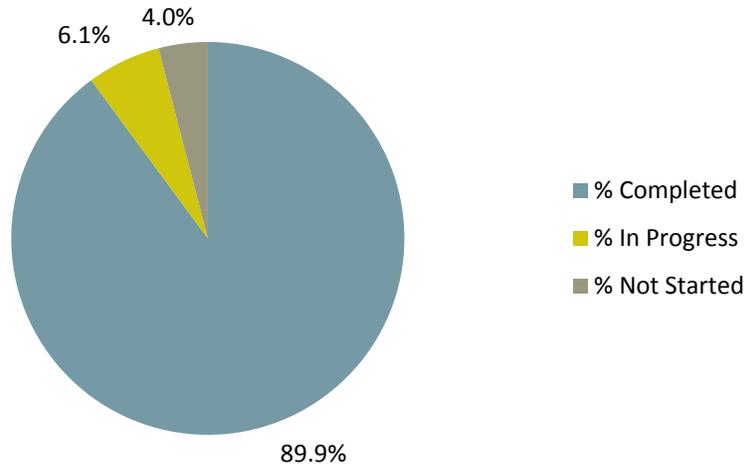
TABLE 29. EVIDENCE-BASED STRATEGIES BY TARGETED INFLUENCING FACTOR, KINGMAN COUNTY

	Strategy Type	Academic Achievement	Prosocial Involvement	Family Involvement and Functioning	Social Norms	Social Access	Retail Access	Enforcement
CMCA	Environmental					X		
Keep a Clear Mind	Program				X			
Protecting You Protecting Me	Program				X			
Strengthening Families 10-14	Program					X		

Implementation of Community Changes and Community Strategic Plans

The Kingman County Substance Abuse Prevention Group identified 99 action steps across four identified evidence-based strategies. During the implementation period, the coalition completed 89 action steps resulting in 25 community and systems changes. The graph below shows the distribution of action steps across evidence-based strategies by completion status.

FIGURE 9. DISTRIBUTION OF ACTION STEPS ACROSS EVIDENCE-BASED STRATEGIES, KINGMAN COUNTY



The table below shows the distribution of strategies supporting community changes. The coalition supported the implementation of more community changes related to programs (68.2%) than for environmental strategies and media campaigns (31.8%).

TABLE 30. EVIDENCE-BASED STRATEGIES BY TARGETED INFLUENCING FACTOR, KINGMAN COUNTY

Strategy	Number of Community Changes
Communities Mobilizing for Change on Alcohol	4
Keep a Clear Mind	2
Protecting You/Protecting Me	5
Strengthening Families	8
Statewide Media Campaign	3
Other	3

Individuals Served through Programs

The communities were encouraged to incorporate a mix of both environmental strategies and prevention programs. Kingman County implemented three prevention education programs: Protecting You/Protecting Me (n=254), Strengthening Families (n=132), and Keep a Clear Mind (n=250). Kingman County also deployed one environmental strategy: CMCA. Combined, these strategies potentially reached the total county population.

TABLE 31. NUMBER OF INDIVIDUALS IMPACTED BY PREVENTION STRATEGY TYPE

Strategy Type	Count
Prevention Education	636
Alternative Drug Free Activities	0
Information Dissemination	0
Problem Identification & Referral	0
Environmental - Law Enforcement	0
Environmental - Other	7,858

Program Fidelity

There was not enough information to assess fidelity of program implementation for this program.

Program Impact on Participant Outcomes

Kingman County administered Keep a Clear Mind, Protecting You/Protecting Me, and Strengthening Families. A total of 456 baseline and exit surveys administered to youth 5th grade and older were submitted for review. Surveys from 98 students (43%) had matched baseline and exit surveys based on a ten-digit unique ID. These data were combined to create the sample used in analysis examining change between baseline and exit surveys. Baseline and exit surveys contained questions specific to the curriculum being implemented. In addition, all program surveys had a set of core questions based on the National Outcome Measures (NOMs) that were required to

be collected. These NOMs measures include past 30-day alcohol use, binge drinking, perceived risk of harm from youth alcohol use, and disapproval of youth alcohol use.

Paired-samples t-tests were calculated to show change in behavior and attitude from baseline to program exit. Survey findings across program participants did not show significant results for the four NOMs questions. However, because approximately, 98% of students with matched baseline and exit surveys reported that they did **not** drink in the 30-days prior to starting the program, there may have been a ceiling effect.

Improvements in Youth Past 30-Day Alcohol Use

The following tables show the reduction of both youth past 30-day alcohol and past two-week binge drinking in Kingman County compared to the aggregate reduction of all SPF-SIG communities as a whole, and the State from 2007 through 2012.

Kingman County demonstrated a 12.6 percentage point decrease in reported past 30-day alcohol use which results in a 34.9% change compared to 18.6% change in the state overall during the same time. Kingman County youth alcohol prevalence started 7 percentage points higher than the state average. By the end of the SPF-SIG in 2012, prevalence was 0.2 percentage points below the state average.

TABLE 31. COMPARISON OF KINGMAN COUNTY, SPF-SIG COMMUNITIES AND STATE PAST 30-DAY ALCOHOL USE BY YEAR AND RESULTING PERCENT CHANGE

Percentage Past 30-Day Alcohol Use	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
Kingman County	36.1	36.1	28.8	31.4	27.1	23.5	-12.6	-34.9
SPF-SIG Communities	33.2	28.9	28.8	27.3	25.4	23.6	-9.6	-28.9
State	29.1	27.2	26.9	25.6	24.2	23.7	-5.4	-18.6

Youth binge drinking in Kingman County started 6.6 percentage points higher than the state average and ended just 0.5 percentage points higher than the state average in 2012. Overall the county showed a 9.3 percentage point or 41.9% reduction in youth binge drinking from 2007 to 2012.

TABLE 32. COMPARISON OF KINGMAN COUNTY, SPF-SIG COMMUNITIES AND STATE PAST TWO-WEEK BINGE DRINKING BY YEAR AND RESULTING PERCENT CHANGE

Percentage Past Two-Week Binge Drinking	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
Kingman County	22.2	22.2	16.7	15.9	13.6	12.9	-9.3	-41.9
SPF-SIG Communities	18.3	16.2	16.2	15.0	12.9	12.6	-5.7	-31.1
State	15.6	15.2	14.7	13.8	12.7	12.4	-3.2	-20.5

Prioritized Influencing Factors Related to Underage Drinking

Kingman County targeted two intervening variables: Social Access and Social Norms. Progress toward changing these variables was gauged using four questions on the KCTC student survey as shown in the table below. The most prominent change was a 3.5 percentage point (43.2%) decrease in the portion of students reporting that there is a “very good chance” they would be seen as cool if they began drinking alcohol regularly.

TABLE 33. COMPARISON OF KINGMAN COUNTY AND STATE KCTC MEASURES OF INFLUENCING FACTORS FROM BASELINE TO POST-IMPLEMENTATION YEAR AND RESULTING PERCENT CHANGE

Influencing Factor	KCTC Measure	Percentage at 2007 Baseline	Percentage at 2012 Post	2012 Change from 2007 Baseline	Percent Change
Social Access	Obtained alcohol through social sources	Kingman: 14.7*	17.6	2.9*	19.7%*
		State: 8.9*	14.3	5.4*	60.7%*
	If you wanted to get some beer, wine, or hard liquor, how easy would it be for you to get some? (Very Easy)	Kingman: 26.7	27.2	0.5	1.9%
		State: 23.9	19.7	-4.2	-17.6%
Social Norms	What are the chances you would be seen as cool if you: began drinking alcoholic beverages regularly, 1 or 2 a month. (Very good chance)	Kingman: 8.1	4.6	-3.5	-43.2%
		State: 5.3	4.3	-1.0	-18.9%
	How much do you think people risk harming themselves if they: Take one or two drinks of an alcoholic beverage nearly every day? (No risk)	Kingman: 10.4	11.7	1.3	12.5%
		State: 12.8	12.4	-0.34	-2.9%

*2007 data were not available for this question. 2008 data were used in their place.

Contextual Factors

There were nine contextual factors identified across the three reporting periods in 2009, 2010, and 2011. The Coalition reported that six contextual factors affected the implementation of its initiatives during the first reporting period. There were three factors reported during the second reporting period, and six during the last reporting period. As is depicted in the figure below, one contextual factor was reported across multiple periods.

FIGURE 10. NUMBER OF CONTEXTUAL FACTORS REPORTED - KINGMAN COUNTY

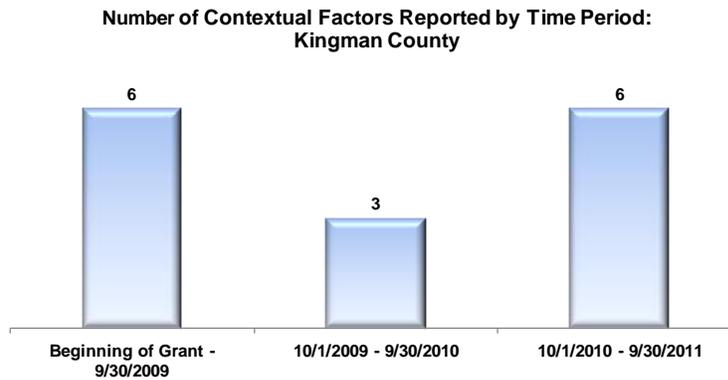


TABLE 34. CONTEXTUAL FACTORS BY TIME PERIOD - KINGMAN COUNTY

Contextual Factors	Beginning of Grant - 9/30/2009	10/1/2009 - 9/30/2010	10/1/2010 - 9/30/2011
Cultural attitudes or practices conducive to high substance use		*	
High poverty rates/low SES			
Lack of education			
Large recent refugee/immigrant population			
Easy access to alcohol (underage)	*	*	*
Easy access to illegal drugs		*	*
Lack of community awareness regarding substance abuse	*		
Lack of prevention/treatment programs			
High unemployment or underemployment			
Difficulty reaching some parts of the community			
Lack of resources in rural areas	*		*
Lack of trust in law enforcement/government/social services			
Lack of law/policy enforcement	*		*
Lack of conducive jurisdictional boundaries among LE agencies	*		
Language barriers			
Community disorganization			
Lack of supervised drug free activities for area youth	*		*
Substance use related event(s) that influenced public opinion			
Stressful events affecting large portions of the target population			
Other (Lack of community/coalition involvement)			*

Adaptations to Evidence-Based Strategies

The Kingman County Substance Abuse Prevention Group reported that no adaptations for local context or resource availability were made during the implementation period. However, the duration of two Strengthening Families sessions was extended in order to accommodate two national holidays (Memorial Day and Thanksgiving Day).

Notable Community Changes

The city of Linn Valley agreed to put \$3 of court cost towards the prevention fund to sustain the curriculum programs the schools are teaching after the underage drinking grant is finished.

Coalition implemented the researched-based program CMCA through media, community interviews and creation of action plans.

Linn County Children's Coalition

The Linn County Children's Coalition identified academic achievement, social norms, social access, retail access, and enforcement as targeted influencing factors to be addressed in the community related to underage drinking. To address these influencing factors, the coalition selected four evidence-based strategies to implement. The table on the following page provides an overview of the evidence-based strategies implemented and related influencing factors addressed by the coalition. The coalition reported that no adaptations for local context or resource availability were made during the implementation period.

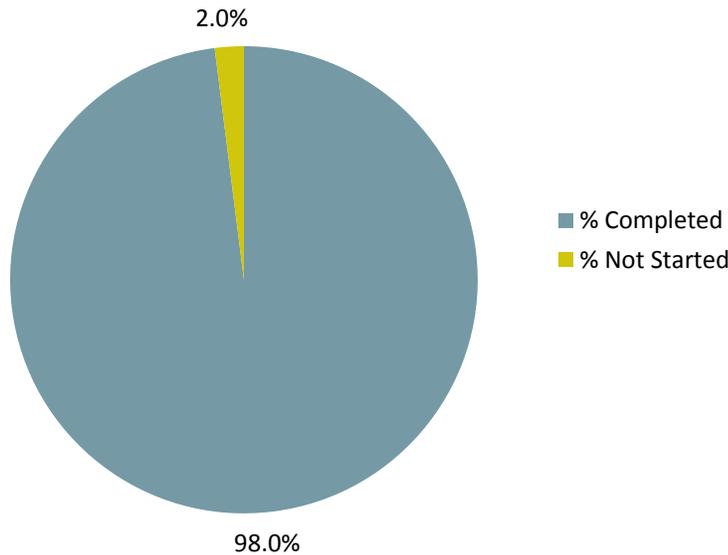
TABLE 35. EVIDENCE-BASED STRATEGIES BY TARGETED INFLUENCING FACTOR, LINN COUNTY

	Strategy Type	Academic Achievement	Prosocial Involvement	Family Involvement and Functioning	Social Norms	Social Access	Retail Access	Enforcement
Class Action	Program				X			
Communities Mobilizing for Change on Alcohol	Environmental				X	X	X	X
Too Good for Drugs	Program				X			
YouthFriends	Program	X						

Implementation of Community Changes and Community Strategic Plans

The Linn County Children’s Coalition identified 50 action steps across four identified evidence-based strategies. During the implementation period, the coalition completed 49 action steps resulting in 26 community and systems changes. The graph below shows the distribution of action steps across evidence-based strategies by completion status.

FIGURE 11. DISTRIBUTION OF ACTION STEPS ACROSS EVIDENCE-BASED STRATEGIES, LINN COUNTY



The table below shows the distribution of strategies supporting community changes. Of the identified evidence-based programs and environmental strategies, the Community Health Coalition supported the implementation of more community changes related to environmental strategies and media campaigns (90%) than for environmental strategies and media campaigns (10%). Across all strategies, the

majority of community changes (61.5%) were related to capacity building and community mobilization.

TABLE 36. DISTRIBUTION OF COMMUNITY CHANGES BY STRATEGY, LINN COUNTY

Strategy	Number of Community Changes
Communities Mobilizing for Change on Alcohol	6
Retailer Compliance Checks (part of CMCA)	1
Saturation Patrols (part of CMCA)	1
YouthFriends	1
Statewide Media Campaign	1
Other	16

Individuals Served through Programs

Linn County implemented two prevention education programs: Too Good for Drugs (n=1,436) and Class Action (n=251). Alternative drug-free activities included 74 youth served through the YouthFriends program. Linn County also administered Communities Mobilizing on Change on Alcohol (CMCA) as an environmental strategy. Combined, these strategies potentially reached the total county population.

TABLE 37. NUMBER OF INDIVIDUALS IMPACTED BY PREVENTION STRATEGY TYPE

Strategy Type	Count
Prevention Education	1,687
Alternative Drug Free Activities	74
Information Dissemination	0
Problem Identification & Referral	0
Environmental - Law Enforcement	0
Environmental - Other	9,570

Program Fidelity

Communities implementing prevention education strategies completed fidelity checklists to help ensure that the evidence-based strategies were being implemented as recommended by the program developers. Through the fidelity checklists, nine specific items were assessed across the following five areas:

- **Strategy Content-** The strategy was implemented using the curriculum or content purchased or recommended by the program developers.
- **Strategy Intensity-** The number, length and frequency of program sessions implemented was according to the recommendation for full fidelity by the program developers.
- **Setting/Location-** The setting or location was appropriate for effective implementation of the strategy.
- **Target Population-** The program strategy implemented with the population indicated as appropriate by the program developers.

- **Individuals Implementing-** The parties responsible for implementing this strategy were fully trained, had appropriate skills or credentials, and were committed to implementing the components of the strategy with fidelity.

- **Too Good For Drugs**

Twenty-three fidelity checklists were submitted for Too Good For Drugs in Linn County with 100% of fidelity items reported implemented with 'high fidelity' (80-100% of the time, the criterion was met).

- **Class Action**

There was not enough information to assess fidelity of program implementation with this program.

Program Impact on Participant Outcomes

Linn County administered Class Action and Too Good For Drugs. A total of 4,101 baseline and exit surveys administered to youth 5th grade and older were submitted for review. Surveys from 773 students (38%) had matched baseline and exit surveys based on a ten-digit unique ID. These data were combined to create the sample used in analysis examining change between baseline and exit surveys. Baseline and exit surveys contained questions specific to the curriculum being implemented. In addition, all program surveys had a set of core questions based on the National Outcome Measures (NOMs) that were required to be collected. These NOMs measures include past 30-day alcohol use, binge drinking, perceived risk of harm from youth alcohol use, and disapproval of youth alcohol use. Paired-samples t-tests were calculated to show change in behavior and attitude from baseline to program exit. Survey findings across program participants did not show significant results for the four NOMs questions. However, these results do not reflect the full impact of baseline to program change experienced in Linn County. Approximately, 87% of students with matched baseline and exit surveys reported that they did **not** drink in the 30-days prior to starting the program. Therefore, further analysis was conducted with data from only youth who reported drinking at program entry/baseline to answer the question of whether those that did report drinking at baseline experienced a change in behavior or perceptions after strategy implementation/exit.

Surveys from 41 students that reported alcohol use at Class Action program entry/baseline were extracted to create the sample used in this analysis. A significant reduction in past 30-day alcohol use was found at program exit, $t(40) = 3.705$, $p = .001$. Two additional significant results were found: An increase in perceived risk of harm from youth alcohol use, $t(40) = -2.147$, $p = .038$, and an increase in disapproval of youth alcohol use, $t(37) = 2.411$, $p = .021$. The Too Good for Drugs program had 59 youth that reported drinking at baseline. Results showed a significant reduction in past 30-day alcohol use at program exit, $t(56) = 6.765$, $p < .001$.

Results for Linn County suggest that Class Action and Too Good for Drugs contributed to a reduction in youth alcohol use for those who reported alcohol use prior to program entry. This may point to the effectiveness of these programs not only as a universal prevention strategy but also for a program for selected, 'at risk' students that are already engaged in alcohol use.

Improvements in Youth Past 30-Day Alcohol Use

The following tables show the reduction of both youth past 30-day alcohol and past two-week binge drinking in Linn County compared to the aggregate reduction of all SPF-SIG communities as a whole, and the State from 2007 through 2012.

Linn County demonstrated a 13.9 percentage point decrease in reported past 30-day alcohol use which results in a 36.7% change compared to 18.6% change in the state overall during the same time. Linn County youth alcohol prevalence started 8.8 percentage points higher than the state average. By the end of the SPF-SIG in 2012, prevalence was 0.3 percentage points higher than the state average.

TABLE 38. COMPARISON OF LINN COUNTY, SPF-SIG COMMUNITIES AND STATE PAST 30-DAY ALCOHOL USE BY YEAR AND RESULTING PERCENT CHANGE

Percentage Past 30-Day Alcohol Use	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
Linn County	37.9	38.4	35.4	24.9	30.7	24.0	-13.9	-36.7
SPF-SIG Communities	33.2	28.9	28.8	27.3	25.4	23.6	-9.6	-28.9
State	29.1	27.2	26.9	25.6	24.2	23.7	-5.4	-18.6

Similarly, as shown in the table below, youth binge drinking in Linn County remained higher than the state average in 2012, but had dropped more than the state overall. Linn County showed a 6.7 percentage point or 30.6% reduction in youth binge drinking from 2007 to 2012.

TABLE 39. COMPARISON OF LINN COUNTY, SPF-SIG COMMUNITIES AND STATE PAST TWO-WEEK BINGE DRINKING BY YEAR AND RESULTING PERCENT CHANGE

Percentage Past Two-Week Binge Drinking	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
Linn County	21.9	22.6	22.0	14.8	17.2	15.2	-6.7	-30.6
SPF-SIG Communities	18.3	16.2	16.2	15.0	12.9	12.6	-5.7	-31.1
State	15.6	15.2	14.7	13.8	12.7	12.4	-3.2	-20.5

Prioritized Influencing Factors Related to Underage Drinking

Linn County targeted four influencing factors: Academic achievement, Retail access, Social access, Social norms, and Enforcement. These factors were measured through six questions/scales on the KCTC student survey. Highlights include a 0.9 percentage point (64.3%) reduction in retail access - the portion of students reporting

that they bought alcohol in a store, and a 16.4 percentage point (77%) increase in enforcement - the portion of students who said a kid drinking alcohol would be caught by police. With the exception of social access, all targeted influencing factors showed greater change in the desired direction than the state.

TABLE 40. COMPARISON OF LINN COUNTY AND STATE KCTC MEASURES OF INFLUENCING FACTORS FROM BASELINE TO POST-IMPLEMENTATION YEAR AND RESULTING PERCENT CHANGE

Influencing Factor	KCTC Measure	Percentage at 2007 Baseline	Percentage at 2012 Post	2012 Change from 2007 Baseline	Percent Change
Academic Achievement	Risk factor scale: Academic failure	Linn: 46.3	38.9	-7.4	-16.0%
		State: 40.5	37.2	-3.3	-8.1%
Retail Access	Bought alcohol in a store	Linn: 1.4*	0.5	-0.9*	-64.3%*
		State: 0.9*	0.7	-0.2*	-22.2%*
Social Access	Obtained alcohol through social sources	Linn: 13.3*	18.1	4.8*	36.1%*
		State: 8.9*	14.3	5.4*	60.7%*
Social Norms	How wrong do your parents feel it would be for you to: drink beer, wine, or hard liquor regularly? (Not wrong at all)	Linn: 6.5	4.3	-2.2	-33.8%
		State: 3.8	3.3	-0.5	-12.9%
	What are the chances you would be seen as cool if you: began drinking alcoholic beverages regularly, 1 or 2 a month. (Very good chance)	Linn: 8.9	4.5	-4.4	-49.4%
		State: 5.3	4.3	-1.0	-18.9%
Enforcement	If a kid drank some alcohol in your neighborhood, or the area around where you live, would he or she be caught by police (yes & YES!)	Linn: 21.3	37.7	16.4	77.0%
		State: 32.9	36.9	4.0	12.2%

*2007 data were not available for this question. 2008 data were used in their place.

Contextual Factors

There were 11 contextual factors identified across the three reporting periods in 2009, 2010, and 2011. The Coalition reported that five contextual factors affected the implementation of its initiatives during the first reporting period. There were seven factors reported during the second reporting period, and eight during the last reporting period. As is depicted in the figure below, four contextual factors were reported across multiple periods.

FIGURE 12. NUMBER OF CONTEXTUAL FACTORS REPORTED - LINN COUNTY

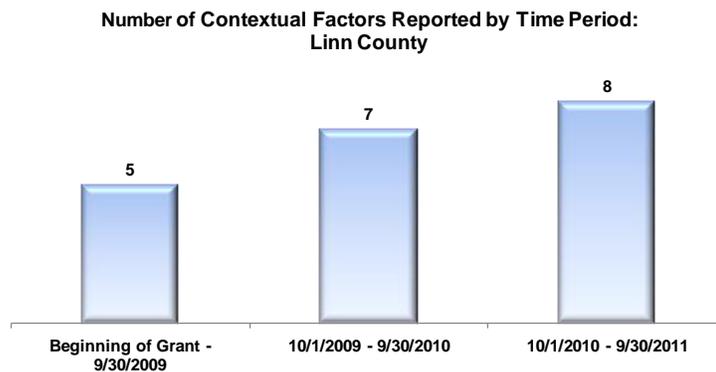


TABLE 41. CONTEXTUAL FACTORS BY TIME PERIOD - LINN COUNTY

Contextual Factors	Beginning of Grant - 9/30/2009	10/1/2009 - 9/30/2010	10/1/2010 - 9/30/2011
Cultural attitudes or practices conducive to high substance use			
High poverty rates/low SES	*		*
Lack of education			*
Large recent refugee/immigrant population			
Easy access to alcohol (underage)			*
Easy access to illegal drugs			
Lack of community awareness regarding substance abuse	*	*	*
Lack of prevention/treatment programs		*	
High unemployment or underemployment			*
Difficulty reaching some parts of the community			
Lack of resources in rural areas	*	*	*
Lack of trust in law enforcement/government/social services		*	
Lack of law/policy enforcement	*	*	*
Lack of conducive jurisdictional boundaries among LE agencies		*	
Language barriers			
Community disorganization			
Lack of supervised drug free activities for area youth	*	*	*
Substance use related event(s) that influenced public opinion			
Stressful events affecting large portions of the target population			
Other			

Adaptations to Evidence-Based Strategies

The Linn County Children’s Coalition reported that no adaptations for local context or resource availability were made during the implementation period.

Notable Community Changes

For the first time our coalition has rented two billboards in the county to display our billboard sign on "consequences" and support". The boards have been rented from August 2011 to June 2012.

For the first time the Wetmore Students Against Destructive Decisions (SADD) chapter held a campaign encouraging parents and adults to sign the Not In Our House (NIOH) pledge to not provide alcohol to their teens, or their teens friends.

United 4 Youth of Nemaha County

United 4 Youth of Nemaha County identified prosocial involvement, social norms, and social access as targeted influencing factors to be addressed in the community related to underage drinking. To address these influencing factors, the coalition selected two evidence-based strategies to implement. The table on the following page provides an overview of the evidence-based strategies implemented and related influencing factors addressed by the coalition. The coalition reported that no adaptations for local context or resource availability were made during the implementation period.

TABLE 42. EVIDENCE-BASED STRATEGIES BY TARGETED INFLUENCING FACTOR, NEMAHA COUNTY

	Strategy Type	Academic Achievement	Prosocial Involvement	Family Involvement and Functioning	Social Norms	Social Access	Retail Access	Enforcement
CMCA	Environmental		X		X	X		
Too Good for Drugs	Program		X		X	X		

Implementation of Community Changes and Community Strategic Plans

United 4 Youth of Nemaha identified 47 action steps across two identified evidence-based strategies. During the implementation period, the coalition completed all of its action steps (100%) resulting in 46 community and systems changes.

The table below shows the distribution of strategies supporting community changes. Of the identified programs and environmental strategies, the coalition supported the implementation of more community changes related to environmental strategies and media campaigns (63.0%) than programs (34.8%).

TABLE 43. DISTRIBUTION OF COMMUNITY CHANGES BY STRATEGY, NEMAHA COUNTY

Strategy	Number of Community Changes
CMCA	22
Too Good for Drugs	16
Statewide Media Campaign	7
Other	1

Individuals Served through Programs

Nemaha County implemented one prevention education program: Too Good for Drugs. This program impacted 829 individuals. Alternative drug-free activities included Students Against Drunk Driving (SADD) through which 170 youth were involved. Nemaha County also deployed one environmental strategy: CMCA. Combined, these strategies potentially reached the total county population.

TABLE 44. NUMBER OF INDIVIDUALS IMPACTED BY PREVENTION STRATEGY TYPE

Strategy Type	Count
Prevention Education	829
Alternative Drug Free Activities	170
Information Dissemination	0
Problem Identification & Referral	0
Environmental - Law Enforcement	0
Environmental - Other	10,178

Program Fidelity

Communities implementing prevention education strategies completed fidelity checklists to help ensure that the evidence-based strategies were being implemented as recommended by the program developers. Through the fidelity checklists, nine specific items were assessed across the following five areas:

- **Strategy Content-** The strategy was implemented using the curriculum or content purchased or recommended by the program developers.
- **Strategy Intensity-** The number, length and frequency of program sessions implemented was according to the recommendation for full fidelity by the program developers.
- **Setting/Location-** The setting or location was appropriate for effective implementation of the strategy.
- **Target Population-** The program strategy implemented with the population indicated as appropriate by the program developers.
- **Individuals Implementing-** The parties responsible for implementing this strategy were fully trained, had appropriate skills or credentials, and were committed to implementing the components of the strategy with fidelity.

- Too Good For Drugs

Close to 70 fidelity checklists were submitted for Too Good For Drugs in Nemaha County with 77% of fidelity items reported implemented with 'high fidelity' (80-100% of the time, the criterion was met). 'Moderate fidelity' (60-80% of the time criterion was met) was indicated for 143 items (23% overall). Strategy intensity issues related to length and frequency of program sessions were the most common items associated with moderate fidelity.

Program Impact on Participant Outcomes

Nemaha County administered the prevention education program Too Good For Drugs. A total of 337 baseline and exit surveys administered to youth 5th grade and older were submitted for review. Surveys from 41 students (24%) had matched baseline and exit surveys based on a ten-digit unique ID. These data were combined to create the sample used in analysis examining change between baseline and exit surveys. Baseline and exit surveys contained questions specific to the curriculum being implemented. In addition, all program surveys had a set of core questions based on the National Outcome Measures (NOMs) that were required to be collected. These NOMs measures include past 30-day alcohol use, binge drinking, perceived risk of harm from youth alcohol use, and disapproval of youth alcohol use. Paired-samples t-tests were calculated to show change in behavior and attitude from baseline to program exit. Survey findings across program participants did not show significant results for the four NOMs questions. However, because approximately, 95% of students with matched baseline and exit surveys reported that they did **not** drink in the 30-days prior to starting the program, there may have been a ceiling effect.

Improvements in Youth Past 30-Day Alcohol Use

The following tables show the reduction of both youth past 30-day alcohol and past two-week binge drinking in Nemaha County compared to the aggregate reduction of all SPF-SIG communities as a whole, and the State from 2007 through 2012.

Nemaha County demonstrated a 16.1 percentage point decrease in reported past 30-day alcohol use which results in a 40.6% change compared to 18.6% change in

the state overall during the same time. Nemaha County youth alcohol prevalence started 10.6 percentage points higher than the state average. By the end of the SPF-SIG in 2012, prevalence was 0.1 percentage points below the state average.

TABLE 45. COMPARISON OF NEMAHA COUNTY, SPF-SIG COMMUNITIES AND STATE PAST 30-DAY ALCOHOL USE BY YEAR AND RESULTING PERCENT CHANGE

Percentage Past 30-Day Alcohol Use	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
Nemaha County	39.7	34.1	32.7	29.6	27.0	23.6	-16.1	-40.6
SPF-SIG Communities	33.2	28.9	28.8	27.3	25.4	23.6	-9.6	-28.9
State	29.1	27.2	26.9	25.6	24.2	23.7	-5.4	-18.6

Youth binge drinking in Nemaha County remained higher than the state average at the end of the SPF-SIG, but the county showed an 8.5 percentage point or 40.3% reduction in youth binge drinking from 2007 to 2012. This change was considerably larger than the 5.7 percentage point, 20.5% reduction seen statewide.

TABLE 46. COMPARISON OF NEMAHA COUNTY, SPF-SIG COMMUNITIES AND STATE PAST TWO-WEEK BINGE DRINKING BY YEAR AND RESULTING PERCENT CHANGE

Percentage Past Two-Week Binge Drinking	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
Nemaha County	21.1	17	18.2	17.3	11.2	12.6	-8.5	-40.3
SPF-SIG Communities	18.3	16.2	16.2	15.0	12.9	12.6	-5.7	-31.1
State	15.6	15.2	14.7	13.8	12.7	12.4	-3.2	-20.5

Prioritized Influencing Factors Related to Underage Drinking

Nemaha County targeted three influencing factors which were measured by three items on the KCTC survey. Nemaha County was one of the few counties that saw a baseline-to-exit reduction in the portion of students reporting that they received alcohol from social sources. Additionally, Nemaha County showed a 7.8 percentage point (11.7%) increase in the “School opportunities for involvement” protective factor scale.

TABLE 47. COMPARISON OF NEMAHA COUNTY AND STATE KCTC MEASURES OF INFLUENCING FACTORS FROM BASELINE TO POST-IMPLEMENTATION YEAR AND RESULTING PERCENT CHANGE

Influencing Factor	KCTC Measure	Percentage at 2007 Baseline	Percentage at 2012 Post	2012 Change from 2007 Baseline	Percent Change
Social Access	Obtained alcohol through social sources	Nemaha: 16.8*	16.0	-0.8*	-4.8%*
		State: 8.9*	14.3	5.4*	60.7%*
Social Norms	How wrong do your parents feel it would be for you to: drink beer, wine, or hard liquor regularly? (Not wrong at all)	Nemaha: 3.6	3.4	-0.2	-5.6%
		State: 3.8	3.3	-0.5	-12.9%
Pro-Social Involvement	Protective Factor Scale: School opportunities for involvement	Nemaha: 66.4	74.2	7.8	11.7%
		State: 61.6	64.5	2.9	4.7%

*2007 data were not available for this question. 2008 data were used in their place.

Contextual Factors

There were seven contextual factors identified across the three reporting periods in 2009, 2010, and 2011. The Coalition reported that six contextual factors affected the implementation of its initiatives during the first reporting period. There were three factors reported during the second reporting period, and four during the last reporting period. As is depicted in the figure below, one contextual factor was reported across multiple periods.

FIGURE 13. NUMBER OF CONTEXTUAL FACTORS REPORTED - NEMAHA COUNTY

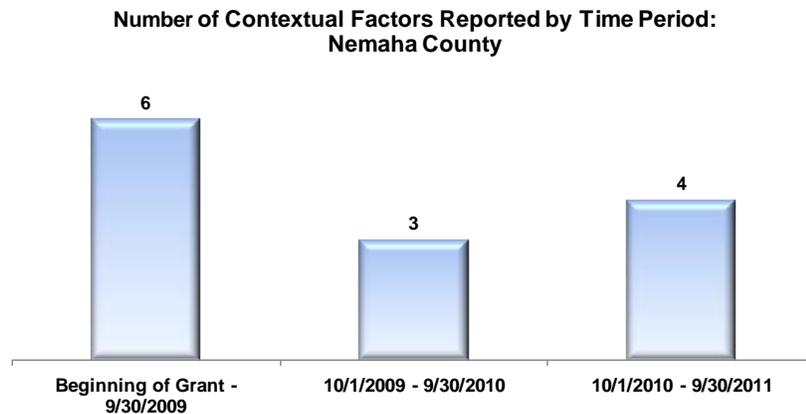


TABLE 48. CONTEXTUAL FACTORS BY TIME PERIOD - NEMAHA COUNTY

Contextual Factors	Beginning of Grant - 9/30/2009	10/1/2009 - 9/30/2010	10/1/2010 - 9/30/2011
Cultural attitudes or practices conducive to high substance use		*	*
High poverty rates/low SES			
Lack of education			
Large recent refugee/immigrant population			
Easy access to alcohol (underage)	*	*	*
Easy access to illegal drugs			
Lack of community awareness regarding substance abuse	*		*
Lack of prevention/treatment programs	*		*
High unemployment or underemployment			
Difficulty reaching some parts of the community			
Lack of resources in rural areas	*		
Lack of trust in law enforcement/government/social services			
Lack of law/policy enforcement	*		
Lack of conducive jurisdictional boundaries among LE agencies			
Language barriers			
Community disorganization			
Lack of supervised drug free activities for area youth	*	*	
Substance use related event(s) that influenced public opinion			
Stressful events affecting large portions of the target population			
Other			

Adaptations to Evidence-Based Strategies

The United 4 Youth Coalition of Nemaha County reported that no adaptations for local context or resource availability were made during the implementation period.

Notable Community Changes

For the first time, the coalition sponsored and co-hosted (along with the County Attorney) a Responsible Beverage Server Training for county retailers and servers.

For the first time, Project ALERT began being implemented in Osage City Middle School.

Drug Free Osage County

The Drug Free Osage County coalition identified social norms, social access, and enforcement as targeted influencing factors to be addressed in the community related to underage drinking. To address these influencing factors, the coalition selected three evidence-based strategies to implement. The table on the following page provides an overview of the evidence-based strategies implemented and related influencing factors addressed by the coalition. The coalition reported that no adaptations for local context or resource availability were made during the implementation period.

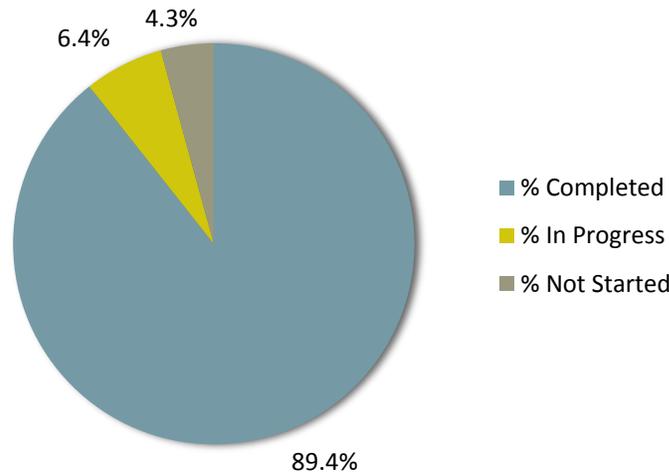
TABLE 49. EVIDENCE-BASED STRATEGIES BY TARGETED INFLUENCING FACTOR, OSAGE COUNTY

	Strategy Type	Academic Achievement	Prosocial Involvement	Family Involvement and Functioning	Social Norms	Social Access	Retail Access	Enforcement
Communities Mobilizing for Change on Alcohol	Environmental				X	X		X
Project ALERT	Program				X			
Positive Action	Program				X			

Implementation of Community Changes and Community Strategic Plans

The Drug Free Osage County coalition identified 47 action steps across two identified evidence-based strategies. During the implementation period, the coalition completed 42 action steps resulting in 44 community and systems changes. The graph below shows the distribution of action steps across evidence-based strategies by completion status.

FIGURE 14. DISTRIBUTION OF ACTION STEPS ACROSS EVIDENCE-BASED STRATEGIES, OSAGE COUNTY



The table on the next page shows the distribution of strategies supporting community changes. Of the identified programs and environmental strategies, the coalition supported the implementation of more community changes related to environmental strategies and media campaigns (90.2%) than programs (9.8%).

TABLE 50. DISTRIBUTION OF COMMUNITY CHANGES BY STRATEGY, OSAGE COUNTY

Strategy	Number of Community Changes
Communities Mobilizing for Change on Alcohol	30
Positive Action	2
Project ALERT	2
Statewide Media Campaign	7
Other	4

Individuals Served through Programs

Osage County implemented two prevention education programs: Project Alert (n=220) and Positive Action (n=40). Osage County also deployed one environmental strategy: CMCA. Combined, these strategies potentially reached the total county population.

TABLE 51. NUMBER OF INDIVIDUALS IMPACTED BY PREVENTION STRATEGY TYPE

Strategy Type	Count
Prevention Education	260
Alternative Drug Free Activities	0
Information Dissemination	0
Problem Identification & Referral	0
Environmental - Law Enforcement	0
Environmental - Other	16,295

Program Fidelity

Communities implementing prevention education strategies completed fidelity checklists to help ensure that the evidence-based strategies were being implemented as recommended by the program developers. Through the fidelity checklists, nine specific items were assessed across the following five areas:

- **Strategy Content-** The strategy was implemented using the curriculum or content purchased or recommended by the program developers.
- **Strategy Intensity-** The number, length and frequency of program sessions implemented was according to the recommendation for full fidelity by the program developers.
- **Setting/Location-** The setting or location was appropriate for effective implementation of the strategy.
- **Target Population-** The program strategy implemented with the population indicated as appropriate by the program developers.
- **Individuals Implementing-** The parties responsible for implementing this strategy were fully trained, had appropriate skills or credentials, and were committed to implementing the components of the strategy with fidelity.

- **Project ALERT**

Ten fidelity checklists were submitted for Project Alert in Osage County with 95% of all fidelity items reported as being implemented with 'high fidelity' (80-100% of the time, the criterion was met). 'Moderate Fidelity' (60-80% of the time criterion was met) was indicated for two items (2.5% overall) and low fidelity (<60%) was indicated

for two items (2.5% overall). The most common reason for reported moderate and low fidelity was related to target population. Although the program is designed for adolescents age 13-17, research demonstrating effectiveness for Project ALERT was completed with 7th and 8th grade students. Osage County implemented Project ALERT with 6th grade students.

- Positive Action

There was not enough information to assess level of implementation fidelity for this program.

Program Impact on Participant Outcomes

Osage County administered the prevention education program Project ALERT. A total of 485 baseline and exit surveys administered to youth 5th grade and older were submitted for review. Surveys from 84 students (24%) had matched baseline and exit surveys based on a ten-digit unique ID. These data were combined to create the sample used in analysis examining change between baseline and exit surveys. Baseline and exit surveys contained questions specific to the curriculum being implemented. In addition, all program surveys had a set of core questions based on the National Outcome Measures (NOMs) that were required to be collected. These NOMs measures include past 30-day alcohol use, binge drinking, perceived risk of harm from youth alcohol use, and disapproval of youth alcohol use.

Paired-samples t-tests were calculated to show change in behavior and attitude from baseline to program exit. Survey findings across program participants did not show significant results for the four NOMs questions. However, these results do not reflect the full impact of baseline to program change experienced in Osage County. Approximately 77% of students with matched baseline and exit surveys reported that they did **not** drink in the 30-days prior to starting the program. Therefore, further analysis was conducted with data from only youth who reported drinking at program entry/baseline to answer the question of whether those that did report drinking at baseline experienced a change in behavior or perceptions after strategy implementation/exit.

The Project ALERT program had 19 youth that reported drinking at baseline. Results showed a significant reduction in past 30-day alcohol use at program exit, $t(18) = 2.477$, $p = .023$. Results for Osage County suggest that Project ALERT contributed to a reduction in youth alcohol use for those who reported alcohol use prior to program entry. This may point to the effectiveness of these programs not only as a universal prevention strategy but also for a program for selected, 'at risk' students that are already engaged in alcohol use.

Improvements in Youth Past 30-Day Alcohol Use

The following tables show the reduction of both youth past 30-day alcohol and past two-week binge drinking in Osage County compared to the aggregate reduction of all SPF-SIG communities as a whole, and the State from 2007 through 2012.

Osage County demonstrated a 9.3 percentage point decrease in reported past 30-day alcohol use which results in a 29.9% change compared to 18.6% change in the state overall during the same time. Osage County youth alcohol prevalence started 2 percentage points higher than the state average. By the end of the SPF-SIG in 2012, prevalence was 1.9 percentage points below the state average.

TABLE 52. COMPARISON OF OSAGE COUNTY, SPF-SIG COMMUNITIES AND STATE PAST 30-DAY ALCOHOL USE BY YEAR AND RESULTING PERCENT CHANGE

Percentage Past 30-Day Alcohol Use	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
Osage County	31.1	27.3	24.8	24.8	27.1	21.8	-9.3	-29.9
SPF-SIG Communities	33.2	28.9	28.8	27.3	25.4	23.6	-9.6	-28.9
State	29.1	27.2	26.9	25.6	24.2	23.7	-5.4	-18.6

Similarly, as shown in the table below, youth binge drinking in Osage County started higher than the state average and ended lower in 2012. Overall the county showed a 6.8 percentage point or 40.2% reduction in youth binge drinking from 2007 to 2012.

TABLE 53. COMPARISON OF OSAGE COUNTY, SPF-SIG COMMUNITIES AND STATE PAST TWO-WEEK BINGE DRINKING BY YEAR AND RESULTING PERCENT CHANGE

Percentage Past Two-Week Binge Drinking	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
Osage County	16.9	15.4	13.5	11.9	14	10.1	-6.8	-40.2
SPF-SIG Communities	18.3	16.2	16.2	15.0	12.9	12.6	-5.7	-31.1
State	15.6	15.2	14.7	13.8	12.7	12.4	-3.2	-20.5

Prioritized Influencing Factors Related to Underage Drinking

Osage County targeted three influencing factors as measured by four items on the KCTC student survey. These influencing factors were Social Access, Social Norms, and Enforcement. Highlights from these data include a 22.4% reduction in the portion of students reporting that there is “no risk” of harm if people drink regularly, and a 24.4% reduction in the portion of students who said their parents would think it is “not wrong at all” for the students to drink alcohol.

TABLE 54. COMPARISON OF OSAGE COUNTY AND STATE KCTC MEASURES OF INFLUENCING FACTORS FROM BASELINE TO POST-IMPLEMENTATION YEAR AND RESULTING PERCENT CHANGE

Influencing Factor	KCTC Measure	Percentage at 2007 Baseline	Percentage at 2012 Post	2012 Change from 2007 Baseline	Percent Change
Social Access	Obtained alcohol through social sources	Osage: 9.8*	12.6	2.8*	28.6%*
		State: 8.9*	14.3	5.4*	60.7%*
Social Norms	How wrong do your parents feel it would be for you to: drink beer, wine, or hard liquor regularly? (Not wrong at all)	Osage: 4.1	3.1	-1.0	-24.4%
		State: 3.8	3.31	-0.49	-12.9%
	How much do you think people risk harming themselves if they: Take one or two drinks of an alcoholic beverage nearly every day? (No risk)	Osage: 14.3	11.1	-3.2	-22.4%
		State: 12.8	12.4	-0.4	-2.9%
Enforcement	If a kid drank some alcohol in your neighborhood, or the area around where you live, would he or she be caught by police (yes & YES!)	Osage: 28.2	33.4	5.2	18.4%
		State: 32.9	36.9	4.0	12.2%

*2007 data were not available for this question. 2008 data were used in their place.

Contextual Factors

There were six contextual factors identified across the three reporting periods in 2009, 2010, and 2011. The Coalition reported that nine contextual factors affected the implementation of its initiatives during the first reporting period. There were seven factors reported during the second reporting period, and eight during the last reporting period. As is depicted in the figure below, seven contextual factors were reported across multiple periods.

FIGURE 15. NUMBER OF CONTEXTUAL FACTORS REPORTED - OSAGE COUNTY

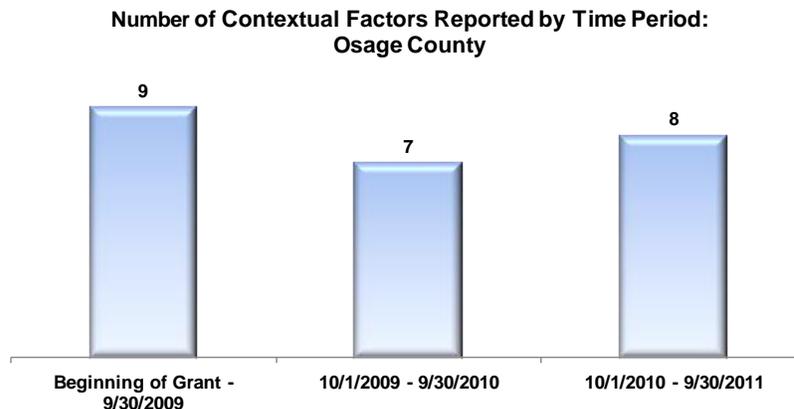


TABLE 55. CONTEXTUAL FACTORS BY TIME PERIOD - OSAGE COUNTY

Contextual Factors	Beginning of Grant - 9/30/2009	10/1/2009 - 9/30/2010	10/1/2010 - 9/30/2011
Cultural attitudes or practices conducive to high substance use	♣	♣	♣
High poverty rates/low SES	♣	♣	♣
Lack of education			
Large recent refugee/immigrant population			
Easy access to alcohol (underage)	♣	♣	
Easy access to illegal drugs			
Lack of community awareness regarding substance abuse	♣	♣	♣
Lack of prevention/treatment programs			
High unemployment or underemployment			
Difficulty reaching some parts of the community	♣	♣	♣
Lack of resources in rural areas	♣	♣	♣
Lack of trust in law enforcement/government/social services			
Lack of law/policy enforcement	♣		♣
Lack of conducive jurisdictional boundaries among LE agencies			
Language barriers			
Community disorganization	♣	♣	♣
Lack of supervised drug free activities for area youth	♣		
Substance use related event(s) that influenced public opinion			
Stressful events affecting large portions of the target population			
Other (Preponderance of parents commuting for work outside of the community)			♣

Adaptations to Evidence-Based Strategies

The Drug Free Osage County Coalition reported that two key adaptations were made to the implementation of Project Alert. In order to fit the prescribed eleven sessions into a nine-week school term, the number of weekly sessions delivered was doubled on two occasions. Additionally, although Project Alert was originally designed for 6th and 7th graders, the Coalition chose to include eighth graders for one cycle of the program.

Notable Community Changes

For the first time, a session of Strengthening Families Program began at McCandless Elementary.

CMCA strategy team partnered with ABC and the Tobacco Prevention Coalition in Reno County to provide server training for tobacco and cereal malt beverages.

Reno County Communities That Care Coalition

The Reno County Communities That Care Coalition identified family involvement and functioning, social norms, and social access as targeted influencing factors to be addressed in the community related to underage drinking. To address these influencing factors, the coalition selected three evidence-based strategies to implement. The table on the following page provides an overview of the evidence-based strategies implemented and related influencing factors addressed by the coalition. The coalition reported that no adaptations for local context or resource availability were made during the implementation period.

TABLE 56. EVIDENCE-BASED STRATEGIES BY TARGETED INFLUENCING FACTOR, RENO COUNTY

	Strategy Type	Academic Achievement	Prosocial Involvement	Family Involvement and Functioning	Social Norms	Social Access	Retail Access	Enforcement
Communities Mobilizing for Change on Alcohol	Environmental				X	X		
Parenting Wisely	Program			X				
Strengthening Families	Program			X				

Implementation of Community Changes and Community Strategic Plans

The Reno County Communities That Care Coalition identified 65 action steps across three identified evidence-based strategies. During the implementation period, the coalition completed all its action steps (100%) resulting in 26 community and systems changes.

The table below shows the distribution of strategies supporting community changes. Of the identified programs and environmental strategies, the coalition supported the implementation of slightly more community changes related to programs (53.8%) than environmental strategies and media campaigns (46.1%).

TABLE 57. DISTRIBUTION OF COMMUNITY CHANGES BY STRATEGY, RENO COUNTY

Strategy	Number of Community Changes
Communities Mobilizing for Change on Alcohol	12
Parenting Wisely	7
Strengthening Families	7
Other	11

Individuals Served through Programs

Reno County implemented two prevention education programs: Strengthening Families (n=355) and Parenting Wisely (n=80). Reno County also deployed one environmental strategy, Communities Mobilizing for Change on Alcohol (CMCA). Combined, these strategies potentially reached the total county population.

TABLE 58. NUMBER OF INDIVIDUALS IMPACTED BY PREVENTION STRATEGY TYPE

Strategy Type	Count
Prevention Education	435
Alternative Drug Free Activities	0
Information Dissemination	0
Problem Identification & Referral	0
Environmental - Law Enforcement	0
Environmental – Other	64,511

Program Fidelity

There was not enough information to assess fidelity of program implementation.

Program Impact on Participant Outcomes

Reno County administered the prevention education programs Strengthening Families and Parenting Wisely. A total of 477 baseline and exit surveys administered to youth 5th grade and older were submitted for review. Surveys from 113 students (47%) had matched baseline and exit surveys based on a ten-digit unique ID. These data were combined to create the sample used in analysis examining change between baseline and exit surveys. Baseline and exit surveys contained questions specific to the curriculum being implemented. In addition, all program surveys had a set of core questions based on the National Outcome Measures (NOMs) that were required to be collected. These NOMs measures include past 30-day alcohol use, binge drinking, perceived risk of harm from youth alcohol use, and disapproval of youth alcohol use.

Paired-samples t-tests were calculated to show change in behavior and attitude from baseline to program exit. Survey findings across program participants did not show significant results for the four NOMs questions. However, because approximately, 95% of students with matched baseline and exit surveys reported that they did **not** drink in the 30-days prior to starting the program, there may have been a ceiling effect.

Improvements in Youth Past 30-Day Alcohol Use

The following tables show the reduction of both youth past 30-day alcohol and past two-week binge drinking in Reno County compared to the aggregate reduction of all SPF-SIG communities as a whole, and the State from 2007 through 2012.

Reno County demonstrated a 5.3 percentage point decrease in reported past 30-day alcohol use which results in a 21.5% change compared to 18.6% change in the state overall during the same time. Note that Reno County was one of the few SPF-SIG communities that had lower-than-average prevalence rates at the start of the project.

TABLE 59. COMPARISON OF RENO COUNTY, SPF-SIG COMMUNITIES AND STATE PAST 30-DAY ALCOHOL USE BY YEAR AND RESULTING PERCENT CHANGE

Percentage Past 30-Day Alcohol Use	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
Reno County	24.7	27.8	20.8	23.2	23.1	19.4	-5.3	-21.5
SPF-SIG Communities	33.2	28.9	28.8	27.3	25.4	23.6	-9.6	-28.9
State	29.1	27.2	26.9	25.6	24.2	23.7	-5.4	-18.6

Similarly, as shown in the table below, youth binge drinking in Reno County started below than the state average and remained below the state average throughout the project. Overall the county showed a 3.8 percentage point or 20.5% reduction in youth binge drinking from 2007 to 2012.

TABLE 60. COMPARISON OF RENO COUNTY, SPF-SIG COMMUNITIES AND STATE PAST TWO-WEEK BINGE DRINKING BY YEAR AND RESULTING PERCENT CHANGE

Percentage Past Two-Week Binge Drinking	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
Reno County	13.4	15.1	10.4	11.4	11.6	9.6	-3.8	-28.4
SPF-SIG Communities	18.3	16.2	16.2	15.0	12.9	12.6	-5.7	-31.1
State	15.6	15.2	14.7	13.8	12.7	12.4	-3.2	-20.5

Prioritized Influencing Factors Related to Underage Drinking

Reno County targeted three influencing factors: Social Access, Social Norms, and Poor Family Management. These influencing factors were measured using data from the KCTC student survey. Each measure showed data moving in an undesired direction from baseline to exit.

TABLE 61. COMPARISON OF RENO COUNTY AND STATE KCTC MEASURES OF INFLUENCING FACTORS FROM BASELINE TO POST-IMPLEMENTATION YEAR AND RESULTING PERCENT CHANGE

Influencing Factor	KCTC Measure	Percentage at 2007 Baseline	Percentage at 2012 Post	2012 Change from 2007 Baseline	Percent Change
Social Access	Obtained alcohol through social sources	Reno: 5.9*	10.4	4.5*	76.3%*
		State: 8.9*	14.3	5.4*	60.7%*
	If you wanted to get some beer, wine, or hard liquor, how easy would it be for you to get some? (Very Easy)	Reno: 18.7	18.7	0.0	0.0%
		State: 23.9	19.7	-4.2	-17.6%
Social Norms	What are the chances you would be seen as cool if you: began drinking alcoholic beverages regularly, 1 or 2 a month. (Very good chance)	Reno: 3.4	4.4	1.0	29.4%
		State: 5.3	4.3	-1.0	-18.9%
Family Involvement & Functioning	Risk Factor Scale: Poor Family Management	Reno: 35.3	40.2	4.9	13.9%
		State: 41.3	39.4	-1.9	-4.7%

*2007 data were not available for this question. 2008 data were used in their place.

Contextual Factors

There were 13 contextual factors identified across the three reporting periods in 2009, 2010, and 2011. The Coalition reported that nine contextual factors affected the implementation of its initiatives during the first reporting period. There were eight factors reported during the second reporting period, and seven during the last reporting period. As is depicted in the figure below, four contextual factors were reported across multiple periods.

FIGURE 16. NUMBER OF CONTEXTUAL FACTORS REPORTED - RENO COUNTY
Number of Contextual Factors Reported by Time Period:
Reno County

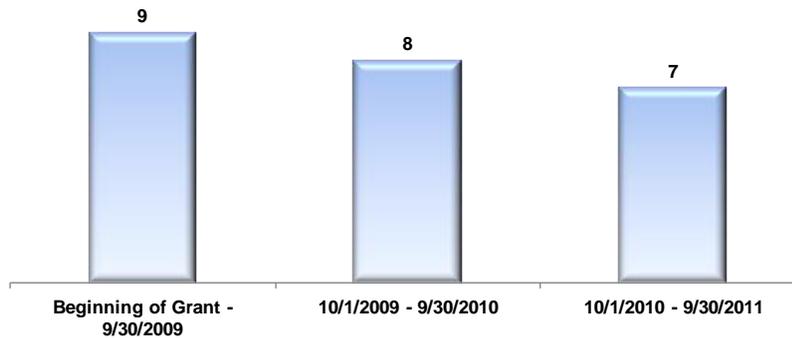


TABLE 62. CONTEXTUAL FACTORS BY TIME PERIOD - RENO COUNTY

Contextual Factors	Beginning of Grant - 9/30/2009	10/1/2009 - 9/30/2010	10/1/2010 - 9/30/2011
Cultural attitudes or practices conducive to high substance use	*		
High poverty rates/low SES	*		
Lack of education			
Large recent refugee/immigrant population			
Easy access to alcohol (underage)	*	*	
Easy access to illegal drugs			
Lack of community awareness regarding substance abuse	*	*	*
Lack of prevention/treatment programs	*	*	
High unemployment or underemployment	*		
Difficulty reaching some parts of the community			*
Lack of resources in rural areas	*	*	*
Lack of trust in law enforcement/government/social services			*
Lack of law/policy enforcement	*	*	*
Lack of conducive jurisdictional boundaries among LE agencies		*	
Language barriers		*	*
Community disorganization			
Lack of supervised drug free activities for area youth	*	*	*
Substance use related event(s) that influenced public opinion			
Stressful events affecting large portions of the target population			
Other			

Adaptations to Evidence-Based Strategies

The Reno County Communities That Care Coalition reported that no adaptations for local context or resource availability were made during the implementation period.

Notable Community Changes

RCCP provided a Retailer Training to provide retailers, owners, clerks, and servers with information and resources to help you prevent sales of tobacco and alcohol to underage youth.

RCCP launched the Teen Think media campaign through the newspaper and KRSL radio station.

Russell County Community Partnership

The Russell County Community Partnership identified family involvement and functioning, social norms, and enforcement as targeted influencing factors to be addressed in the community related to underage drinking. To address these influencing factors, the coalition selected four evidence-based strategies to implement. The table on the following page provides an overview of the evidence-based strategies implemented and related influencing factors addressed by the coalition. The coalition reported that no adaptations for local context or resource availability were made during the implementation period.

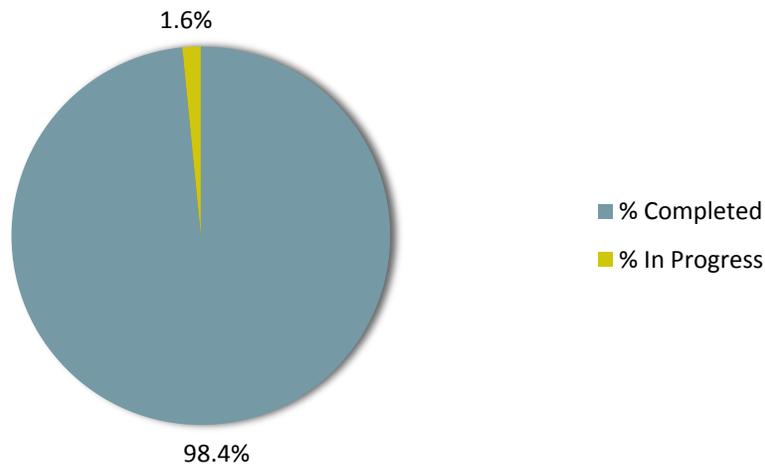
TABLE 63. EVIDENCE-BASED STRATEGIES BY TARGETED INFLUENCING FACTOR, RUSSELL COUNTY

	Strategy Type	Academic Achievement	Prosocial Involvement	Family Involvement and Functioning	Social Norms	Social Access	Retail Access	Enforcement
All Stars	Program				X			
Increased Visibility of Law Enforcement	Environmental							X
Strengthening Families	Program			X				
Too Good for Drugs	Program				X			

Implementation of Community Changes and Community Strategic Plans

The Russell County Community Partnership identified 64 action steps across four identified evidence-based strategies. During the implementation period, the coalition completed 63 action steps resulting in 12 community and systems changes. The graph below shows the distribution of action steps across evidence-based strategies by completion status.

FIGURE 17. DISTRIBUTION OF ACTION STEPS ACROSS EVIDENCE-BASED STRATEGIES, RUSSELL COUNTY



The following table shows the distribution of strategies supporting community changes. Of the identified programs and environmental strategies, the coalition supported the implementation of more community changes related to environmental strategies and media campaigns (66.7%) than programs (16.7%).

TABLE 64. DISTRIBUTION OF COMMUNITY CHANGES BY STRATEGY, RUSSELL COUNTY

Strategy	Number of Community Changes
Saturation Patrols	6
All Stars	1
Too Good for Drugs	1
Strengthening Families	1
Statewide Media Campaign	2
Other	1

Individuals Served through Programs

Russell County implemented three prevention education programs: All Stars (n=397), Too Good for Drugs (n=563) and Strengthening Families (n=31). Russell County also deployed two environmental strategies: Law enforcement/Saturation patrols and media. Combined, these strategies potentially reached the total county population.

TABLE 65. NUMBER OF INDIVIDUALS IMPACTED BY PREVENTION STRATEGY TYPE

Strategy Type	Count
Prevention Education	991
Alternative Drug Free Activities	0
Information Dissemination	0
Problem Identification & Referral	0
Environmental - Law Enforcement	289
Environmental – Other	6970

Program Fidelity

There was not enough information to assess fidelity of program implementation in this county.

Program Impact on Participant Outcomes

Baseline and exit surveys administered to youth 5th grade and older. The Too Good for Drugs program was implemented in K-4th grade, so no participant level data were collected. Surveys from 262 students in the All Stars program had matched baseline and exit surveys based on a ten-digit unique ID. These data were used to create the sample for analysis examining change between baseline and exit surveys. Baseline and exit surveys contained questions specific to the curriculum being implemented. In addition, all program surveys had a set of core questions based on the National Outcome Measures (NOMs) that were required to be collected. These NOMs measures include past 30-day alcohol use, binge drinking, perceived risk of harm from youth alcohol use, and disapproval of youth alcohol use.

Paired-samples t-tests were calculated to show change in behavior and attitude from baseline to program exit. Survey findings across program participants did not show significant results for the four NOMs questions. However, these results do not reflect the full impact of baseline to program change experienced in Russell County.

Approximately, 95% of students with matched baseline and exit surveys reported that they did **not** drink in the 30-days prior to starting the program. No student in the Strengthening Families program reported past 30-day use at program entry/baseline.

Because of the high percentage not reporting drinking at baseline, further analysis was conducted with data from only youth who reported drinking at program entry/baseline to answer the question of whether those that did report drinking at baseline experienced a change in behavior or perceptions after strategy implementation/exit. Surveys from 14 students that reported alcohol use at All Stars entry/baseline were extracted to create the sample used in the analysis. A statistically significant reduction was found for past 30-day alcohol use at program exit, $t(13) = 4.372, p = .001$.

Results for Russell County suggest that All Stars contributed to a reduction in youth alcohol use for those who reported alcohol use prior to program entry. This may point to the effectiveness of these programs not only as a universal prevention strategy but also for a program for selected, 'at risk' students that are already engaged in alcohol use.

Improvements in Youth Past 30-Day Alcohol Use

The following tables show the reduction of both youth past 30-day alcohol and past two-week binge drinking in Russell County compared to the aggregate reduction of all SPF-SIG communities as a whole, and the State from 2007 through 2012.

Russell County demonstrated a 15.9 percentage point decrease in reported past 30-day alcohol use which results in a 34.6% change compared to 18.6% change in the state overall during the same time. Russell County youth alcohol prevalence started 16.9 percentage points higher than the state average. By the end of the SPF-SIG in 2012, prevalence was still above the state average, but by a much smaller margin.

TABLE 66. COMPARISON OF RUSSELL COUNTY, SPF-SIG COMMUNITIES AND STATE PAST 30-DAY ALCOHOL USE BY YEAR AND RESULTING PERCENT CHANGE

Percentage Past 30-Day Alcohol Use	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
Russell County	46.0	42.1	42.4	33.9	21.4	30.1	-15.9	-34.6
SPF-SIG Communities	33.2	28.9	28.8	27.3	25.4	23.6	-9.6	-28.9
State	29.1	27.2	26.9	25.6	24.2	23.7	-5.4	-18.6

Similarly, as shown in the following table, youth binge drinking in Russell County started higher than the state average and remained higher in 2012, but was reduced by 10.6 percentage points from the baseline. Overall the county showed a 38.3% reduction in youth binge drinking from 2007 to 2012.

TABLE 67. COMPARISON OF RUSSELL COUNTY, SPF-SIG COMMUNITIES AND STATE PAST TWO-WEEK BINGE DRINKING BY YEAR AND RESULTING PERCENT CHANGE

Percentage Past Two-Week Binge Drinking	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
Russell County	27.7	25.0	29.0	19.3	14.4	17.1	-10.6	-38.3
SPF-SIG Communities	18.3	16.2	16.2	15.0	12.9	12.6	-5.7	-31.1
State	15.6	15.2	14.7	13.8	12.7	12.4	-3.2	-20.5

Prioritized Influencing Factors Related to Underage Drinking

Russell County targeted three influencing factors: Social Norms, Poor Family Management, and Enforcement. These influencing factors were measured using data from the KCTC student survey. Russell County showed a 10.9 percentage point (56.2%) reduction in the portion of students who said there is “no risk” if people take one or two drinks of an alcoholic beverage every day. In addition, there was a 20.1 percentage point (93.9%) increase in the portion of students who reported that kids would be caught by police if they were drinking in their neighborhood.

TABLE 68. COMPARISON OF RUSSELL COUNTY AND STATE KCTC MEASURES OF INFLUENCING FACTORS FROM BASELINE TO POST-IMPLEMENTATION YEAR AND RESULTING PERCENT CHANGE

Influencing Factor	KCTC Measure	2007 Baseline	2012 Post	2012 Change from 2007 Baseline	Percent Change
Social Norms	How much do you think people risk harming themselves if they: Take one or two drinks of an alcoholic beverage nearly every day? (No risk)	Russell: 19.4	8.5	-10.9	-56.2%
		Russell: 12.8	12.43	-0.37	-2.9%
Family Involvement & Functioning	Risk Factor Scale: Poor Family Management	Russell: 40.0*	41.2	1.2*	3.0%*
		Russell: 41.3	39.4	-1.9	-4.7%
Enforcement	If a kid drank some alcohol in your neighborhood, or the area around where you live, would he or she be caught by police (yes & YES!)	Russell: 21.4	41.5	20.1	93.9%
		Russell: 32.9	36.9	4.0	12.2%

*2007 data were not available for this question. 2008 data were used in their place.

Contextual Factors

There were seven contextual factors identified across the three reporting periods in 2009, 2010, and 2011. The Coalition reported that five contextual factors affected the implementation of its initiatives during the first reporting period. There were four factors reported during the second reporting period, and five during the last reporting period. As is depicted in the figure below, two contextual factors were reported across multiple periods.

FIGURE 18. NUMBER OF CONTEXTUAL FACTORS REPORTED - RUSSELL COUNTY

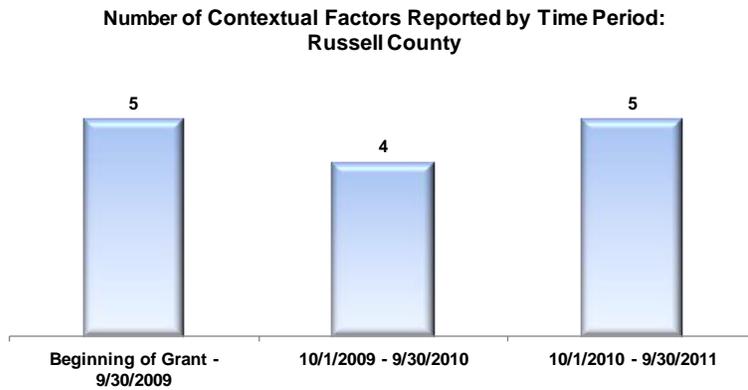


TABLE 69. CONTEXTUAL FACTORS BY TIME PERIOD - RUSSELL COUNTY

Contextual Factors	Beginning of Grant - 9/30/2009	10/1/2009 - 9/30/2010	10/1/2010 - 9/30/2011
Cultural attitudes or practices conducive to high substance use	♣	♣	♣
High poverty rates/low SES	♣		♣
Lack of education			
Large recent refugee/immigrant population			
Easy access to alcohol (underage)	♣		♣
Easy access to illegal drugs			
Lack of community awareness regarding substance abuse	♣		♣
Lack of prevention/treatment programs			
High unemployment or underemployment			
Difficulty reaching some parts of the community			
Lack of resources in rural areas		♣	
Lack of trust in law enforcement/government/social services			
Lack of law/policy enforcement		♣	
Lack of conducive jurisdictional boundaries among LE agencies	♣	♣	♣
Language barriers			
Community disorganization			
Lack of supervised drug free activities for area youth			
Substance use related event(s) that influenced public opinion			
Stressful events affecting large portions of the target population			
Other			

Adaptations to Evidence-Based Strategies

Russell County Community Partnership reported that no adaptations for local context or resource availability were made during the implementation period.

Notable Community Changes

We (The Liberal Area Coalition for Families) were awarded the \$9,000.00 from Kansas Family Partnership. The first step in this grant was to provide the train the trainers class to a group of volunteers in our community.

Media Campaign started with our Hispanic newspapers, El Lider, Los Tiempos and the Spanish radio station La Mexicana.

Liberal Area Coalition for Families of Seward County

The Liberal Area Coalition for Families of Seward County identified academic achievement, retail access, and enforcement as targeted influencing factors to be addressed in the community related to underage drinking. To address these influencing factors, the coalition selected five evidence-based strategies to implement. The table on the following page provides an overview of the evidence-based strategies implemented and related influencing factors addressed by the coalition. The coalition reported that no adaptations for local context or resource availability were made during the implementation period.

TABLE 70. EVIDENCE-BASED STRATEGIES BY TARGETED INFLUENCING FACTOR, SEWARD COUNTY

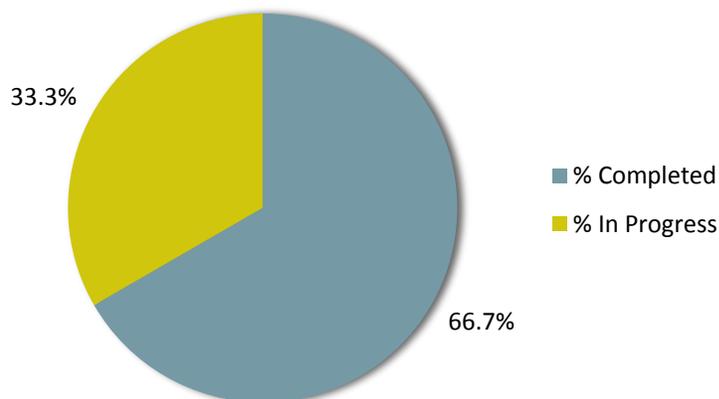
	Strategy Type	Academic Achievement	Prosocial Involvement	Family Involvement and Functioning	Social Norms	Social Access	Retail Access	Enforcement
Big Brothers Big Sisters	Program	X						
Capturing Kids' Hearts	Program	X						
Responsible Beverage Service	Program						X	
Retail Compliance Checks	Environmental						X	
Sobriety Checkpoints	Environmental							X

*Coalition members noted that enforcement is not a highly-prioritized targeted influencing factor.

Implementation of Community Changes and Community Strategic Plans

The Liberal Area Coalition for Families of Seward County identified 48 action steps across five identified evidence-based strategies. During the implementation period, the coalition completed 32 action steps resulting in 21 community and systems changes. The graph below shows the distribution of action steps across evidence-based strategies by completion status.

FIGURE 19. DISTRIBUTION OF ACTION STEPS ACROSS EVIDENCE-BASED STRATEGIES, SEWARD COUNTY



The table below shows the distribution of strategies supporting community changes. Of the identified programs and environmental strategies, the coalition supported the

implementation of an equal number of community changes related to programs (50%) and environmental strategies (50%).

TABLE 71. DISTRIBUTION OF COMMUNITY CHANGES BY STRATEGY, SEWARD COUNTY

Strategy	Number of Community Changes
Big Brothers Big Sisters	4
Capturing Kids' Hearts	3
Responsible Beverage Service	2
Retailer Compliance Checks	2
Sobriety Checkpoints	3
Statewide Media Campaign	4
Other	3

Individuals Served through Programs

Seward County implemented the prevention education program, Capturing Kids' Hearts, which impacted around 140 participants. The Big Brothers/Big Sisters program accounts for the 58 youth served through alternative drug-free activities. Two broad environmental strategies were used focusing on law enforcement and media. Law enforcement strategies included: Responsible Beverage Training (n=12), retail compliance checks (n=40), sobriety checkpoints (n=3,149) and saturation patrols (n=460). It is estimated that media efforts reached approximately 23,000 individuals. Combined, these strategies potentially reached the total Seward County population.

TABLE 72. NUMBER OF INDIVIDUALS IMPACTED BY PREVENTION STRATEGY TYPE

Strategy Type	Count
Prevention Education	137
Alternative Drug Free Activities	58
Information Dissemination	0
Problem Identification & Referral	0
Environmental - Law Enforcement	3,609
Environmental – Other	22,952

Program Fidelity

There was not enough information to assess fidelity of implementation of the Capturing Kids' Hearts program.

Program Impact on Participant Outcomes

There were no baseline or exit surveys associated with Capturing Kids' Hearts.

Improvements in Youth Past 30-Day Alcohol Use

The following tables show the reduction of both youth past 30-day alcohol and past two-week binge drinking in Seward County compared to the aggregate reduction of all SPF-SIG communities as a whole, and the State from 2007 through 2012.

Seward County demonstrated a 3.9 percentage point decrease in reported past 30-day alcohol use which results in an 11.6% change compared to 18.6% change in the state overall during the same time. Seward County youth alcohol prevalence started 4.5 percentage points higher than the state average. By the end of the SPF-SIG in 2012, prevalence was 6 percentage points higher the state average.

TABLE 73. COMPARISON OF SEWARD COUNTY, SPF-SIG COMMUNITIES AND STATE PAST 30-DAY ALCOHOL USE BY YEAR AND RESULTING PERCENT CHANGE

Percentage Past 30-Day Alcohol Use	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
Seward County	33.6	30.8	32.2	30.4	28.7	29.7	-3.9	-11.6
SPF-SIG Communities	33.2	28.9	28.8	27.3	25.4	23.6	-9.6	-28.9
State	29.1	27.2	26.9	25.6	24.2	23.7	-5.4	-18.6

Youth binge drinking in Seward County started higher than the state average and remained higher in 2012. Overall the county showed a 2.7 percentage point or 14.1% reduction in youth binge drinking from 2007 to 2012. This reduction was smaller than the reduction seen statewide.

TABLE 74. COMPARISON OF SEWARD COUNTY, SPF-SIG COMMUNITIES AND STATE PAST TWO-WEEK BINGE DRINKING BY YEAR AND RESULTING PERCENT CHANGE

Percentage Past Two-Week Binge Drinking	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
Seward County	19.2	18.9	20.9	15.8	15.5	16.5	-2.7	-14.1
SPF-SIG Communities	18.3	16.2	16.2	15.0	12.9	12.6	-5.7	-31.1
State	15.6	15.2	14.7	13.8	12.7	12.4	-3.2	-20.5

Prioritized Influencing Factors Related to Underage Drinking

Seward County targeted three influencing factors: Retail Access, Academic Achievement, and Enforcement. From 2008 to 2012, the portion of students reporting that they bought alcohol in a store dropped 2.7 percentage points (79.4%). Seward County also saw a 5.7 percentage point decrease (11.8%) in the portion of students at risk of academic failure.

TABLE 75. COMPARISON OF SEWARD COUNTY AND STATE KCTC MEASURES OF INFLUENCING FACTORS FROM BASELINE TO POST-IMPLEMENTATION YEAR AND RESULTING PERCENT CHANGE

Influencing Factor	KCTC Measure	Percentage at 2007 Baseline	Percentage at 2012 Post	2012 Change from 2007 Baseline	Percent Change
Retail Access	Bought alcohol in a store	Seward: 3.4*	0.7	-2.7*	-79.4%*
		State: 0.9*	0.7	-0.2*	-22.2%*
Academic Achievement	Risk Factor Scale: Academic Failure	Seward: 48.2	42.5	-5.7	-11.8%
		State: 40.5	37.2	-3.3	-8.0%
Enforcement	If a kid drank some alcohol in your neighborhood, or the area around where you live, would he or she be caught by police (yes & YES!)	Seward: 35.3	38.6	3.3	9.3%
		State: 32.9	36.9	4.0	12.2%

*2007 data were not available for this question. 2008 data were used in their place.

Contextual Factors

There were 11 contextual factors identified across the three reporting periods in 2009, 2010, and 2011. The Coalition reported that 13 contextual factors affected the implementation of its initiatives during the first reporting period. There were 11 factors reported during the second reporting period, and 13 during the last reporting period. As is depicted in the following figure, 11 contextual factors were reported across multiple periods.

FIGURE 20. NUMBER OF CONTEXTUAL FACTORS REPORTED - SEWARD COUNTY

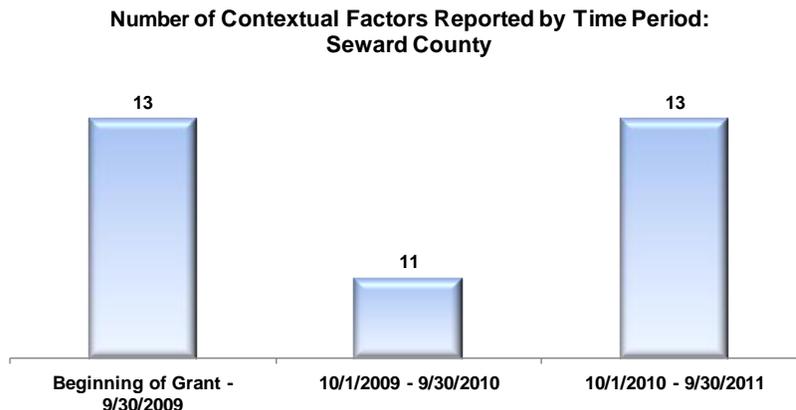


TABLE 76. CONTEXTUAL FACTORS BY TIME PERIOD - SEWARD COUNTY

Contextual Factors	Beginning of Grant - 9/30/2009	10/1/2009 - 9/30/2010	10/1/2010 - 9/30/2011
Cultural attitudes or practices conducive to high substance use	*	*	*
High poverty rates/low SES	*	*	*
Lack of education	*	*	*
Large recent refugee/immigrant population	*	*	*
Easy access to alcohol (underage)	*	*	*
Easy access to illegal drugs	*	*	*
Lack of community awareness regarding substance abuse	*		*
Lack of prevention/treatment programs	*	*	*
High unemployment or underemployment			
Difficulty reaching some parts of the community			
Lack of resources in rural areas	*	*	*
Lack of trust in law enforcement/government/social services	*	*	*
Lack of law/policy enforcement	*	*	*
Lack of conducive jurisdictional boundaries among LE agencies			
Language barriers	*	*	*
Community disorganization			
Lack of supervised drug free activities for area youth	*		*
Substance use related event(s) that influenced public opinion			
Stressful events affecting large portions of the target population			
Other			

Adaptations to Evidence-Based Strategies

Liberal Area Coalition for Families of Seward County reported that no adaptations for local context or resource availability were made during the implementation period.

Notable Community Changes

An amendment to House Bill No. 2165 (Social Hosting Law) was signed into law by the Governor as a result of Coalition members creating and introducing the amendment to establish recklessness as a standard in unlawfully hosting minors in person's residence.

For the first time, a bi-lingual billboard message for the statewide media campaign was displayed in east Topeka, where a large, predominately Hispanic population resides.

Safe Streets Coalition of Shawnee County

The Safe Streets Coalition of Shawnee County identified academic achievement, prosocial involvement, and enforcement as targeted influencing factors to be addressed in the community related to underage drinking. To address these influencing factors, the coalition selected four evidence-based strategies to implement. The table on the following page provides an overview of the evidence-based strategies implemented and related influencing factors addressed by the coalition. Please note that Stay on Track, was not funded by the SPF-SIG, but is included in the analysis and tables below as it was part of the overall county prevention effort. The coalition reported that no adaptations for local context or resource availability were made during the implementation period.

TABLE 77. EVIDENCE-BASED STRATEGIES BY TARGETED INFLUENCING FACTOR, SHAWNEE COUNTY

	Strategy Type	Academic Achievement	Prosocial Involvement	Family Involvement and Functioning	Social Norms	Social Access	Retail Access	Enforcement
Advocacy and Education	Environmental							X
Communities Mobilizing for change on Alcohol	Environmental							X
Positive Action	Program	X	X					
Stay on Track	Program	X	X					

Implementation of Community Changes and Community Strategic Plans

The Safe Streets Coalition of Shawnee County identified 77 action steps across four identified evidence-based strategies. During the implementation period, the coalition completed all its action steps resulting in 254 community and systems changes.

The table below shows the distribution of strategies supporting community changes. Of the identified programs and environmental strategies, the Safe Streets Coalition supported the implementation of more community changes related to environmental strategies and media campaigns (75.8%) than programs (24.2%).

TABLE 78. DISTRIBUTION OF COMMUNITY CHANGES BY STRATEGY, SHAWNEE COUNTY

Strategy	Number of Community Changes
Collaboration, Advocacy, and Education with Law Enforcement	56
Communities Mobilizing for Change on Alcohol	83
Saturation Patrols (part of CMCA)	18
Positive Action	56
Responsible Beverage Service (part of CMCA)	1
Stay on Track	2
Statewide Media Campaign	24
Other	14

Individuals Served through Programs

Shawnee County implemented one prevention education program: Positive Action. This program impacted 10,300 individuals. Shawnee County also deployed two environmental strategies: Party Patrols and CMCA. Party Patrols impacted 1,166 individuals and CMCA impacted nearly the entire county population through a variety of advocacy and broad-based efforts.

TABLE 79. NUMBER OF INDIVIDUALS IMPACTED BY PREVENTION STRATEGY TYPE

Strategy Type	Count
Prevention Education	10,300
Alternative Drug Free Activities	0
Information Dissemination	0
Problem Identification & Referral	0
Environmental - Law Enforcement	1,166
Environmental – Other	173,387

Program Fidelity

Communities implementing prevention education strategies completed fidelity checklists to help ensure that the evidence-based strategies were being implemented as recommended by the program developers. Through the fidelity checklists, nine specific items were assessed across the following five areas:

- **Strategy Content-** The strategy was implemented using the curriculum or content purchased or recommended by the program developers.
- **Strategy Intensity-** The number, length and frequency of program sessions implemented was according to the recommendation for full fidelity by the program developers.
- **Setting/Location-** The setting or location was appropriate for effective implementation of the strategy.
- **Target Population-** The program strategy implemented with the population indicated as appropriate by the program developers.
- **Individuals Implementing-** The parties responsible for implementing this strategy were fully trained, had appropriate skills or credentials, and were committed to implementing the components of the strategy with fidelity.

In Shawnee County, more than 115 fidelity checklists were submitted for Positive Action with 96% of all fidelity items reported as being implemented with ‘high fidelity’ (80-100% of the time, the criterion was met). For three percent of the fidelity items, moderate fidelity (60-80% of the time criterion was met) was reported. The most common items associated with moderate fidelity were: (1) lack of key partner commitment and (2) program implementers were not fully trained to implement the components of the strategy with fidelity. Low fidelity (<60%) was indicated for nine items (0.9%). Issues related to reported low program fidelity dealt with strategy intensity, specifically adherence to proper number of program sessions, session length, and frequency of session delivery.

Program Impact on Participant Outcomes

Shawnee County administered the prevention program Positive Action. A total of 18,178 baseline and exit surveys administered to youth 5th grade and older were submitted for review. Surveys from 2,440 students (27%) had matched baseline and exit surveys based on a ten-digit unique ID. These data were combined to create the sample used in analysis examining change between baseline and exit surveys. The Positive Action baseline and exit surveys contained questions specific to the curriculum being implemented. In addition, all program surveys had a set of core questions based on the National Outcome Measures (NOMs) that were required to be collected. These NOMs measures include past 30-day alcohol use, binge

drinking, perceived risk of harm from youth alcohol use, and disapproval of youth alcohol use.

Paired-sample t-tests were calculated to show change in behavior and attitude from baseline to program exit. A significant result was found for disapproval of youth alcohol, $t(2370) = -6.633$, $p < .05$, but it was not in the desired direction; fewer students reported that it was 'wrong' or 'very wrong' to drink alcohol regularly. Mean responses for past 30-day alcohol use rose slightly but not significantly from baseline to exit, mean past two-week binge drinking remained the same, and mean perceived risk of harm from regular alcohol use decreased, but not significantly.

The results presented above do not reflect the full impact of baseline to program change experienced in Shawnee County. Approximately 86% of students with matched Positive Action baseline and exit surveys reported that they did **not** drink in the 30-days prior to the starting the program. Therefore, further analysis was conducted with data from only youth who reported drinking at program entry/baseline to answer the question of whether those that did report drinking at baseline experienced a change in behavior or perceptions after strategy implementation/exit. Surveys from 352 students that reported any alcohol use at program entry/baseline were extracted to create the sample used in this analysis. Statistically significant reductions were found for past 30-day alcohol use, $t(352) = 9.902$, $p < .001$ and past two-week binge drinking, $t(266) = 2.517$, $p = .012$. Statistically significant increases were found for perceived risk of harm from regular alcohol use, $t(333) = -3.447$, $p = .001$, and disapproval of youth alcohol use, $t(289) = 2.342$, $p = .020$.

Results for Shawnee County suggest that Positive Action contributed to a reduction in youth alcohol use for those who reported alcohol use prior to program entry. This may point to the effectiveness of Positive Action not only as a universal prevention strategy but also for a program for selected, 'at risk' students that are already engaged in alcohol use.

Improvements in Youth Past 30-Day Alcohol Use

The following tables show the reduction of both youth past 30-day alcohol and past two-week binge drinking in Shawnee County compared to the aggregate reduction of all SPF-SIG communities as a whole, and the State from 2007 through 2012. Shawnee County demonstrated an 8 percentage point decrease in reported past 30-day alcohol use which results in a 25.5% change compared to 18.6% change in the state overall during the same time. Shawnee County youth alcohol prevalence started 2.3 percentage points higher than the state average. By the end of the SPF-SIG in 2012, prevalence was 0.3 percentage points below the state average.

TABLE 80. COMPARISON OF SHAWNEE COUNTY, SPF-SIG COMMUNITIES AND STATE PAST 30-DAY ALCOHOL USE BY YEAR AND RESULTING PERCENT CHANGE

Percentage Past30-Day Alcohol Use	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
Shawnee County	31.4	27.1	28.1	28.0	24.6	23.4	-8.0	-25.5
SPF-SIG Communities	33.2	28.9	28.8	27.3	25.4	23.6	-9.6	-28.9
State	29.1	27.2	26.9	25.6	24.2	23.7	-5.4	-18.6

Similarly, as shown in the table below, youth binge drinking in Shawnee County started higher than the state average and ended slightly lower in 2012. Overall the county showed a 4.2 percentage point or 25.5% reduction in youth binge drinking from 2007 to 2012.

TABLE 81. COMPARISON OF SHAWNEE COUNTY, SPF-SIG COMMUNITIES AND STATE PAST TWO-WEEK BINGE DRINKING BY YEAR AND RESULTING PERCENT CHANGE

Percentage Past Two-Week Binge Drinking	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
Shawnee County	16.5	14.5	15.4	15.2	12.0	12.3	-4.2	-25.5
SPF-SIG Communities	18.3	16.2	16.2	15.0	12.9	12.6	-5.7	-31.1
State	15.6	15.2	14.7	13.8	12.7	12.4	-3.2	-20.5

Prioritized Influencing Factors Related to Underage Drinking

Shawnee County targeted three influencing factors: Academic achievement, Prosocial involvement, and Enforcement. These three influencing factors were measured using data from questions on the KCTC student survey. The most prominent baseline-to-exit change in influencing factors was related to enforcement. The percentage of students who said kids would be caught by the police if they drank alcohol in their neighborhood increased by 4.3 percentage points (13.5%) from baseline to exit. This increase was higher than the state average for the same timeframe.

TABLE 82. COMPARISON OF SHAWNEE COUNTY AND STATE KCTC MEASURES OF INFLUENCING FACTORS FROM BASELINE TO POST-IMPLEMENTATION YEAR AND RESULTING PERCENT CHANGE

Influencing Factor	KCTC Measure	Percentage at 2007 Baseline	Percentage at 2012 Post	2012 Change from 2007 Baseline	Percent Change
Academic Achievement	Risk Factor Scale: Academic Failure	Shawnee: 42.2	40.2	-2.0	-4.7%
		State: 40.5	37.2	-3.3	-8.0%
Enforcement	If a kid drank some alcohol in your neighborhood, or the area around where you live, would he or she be caught by police (yes & YES!)	Shawnee: 31.8	36.1	4.3	13.5%
		State: 32.9	36.9	4.0	12.2%
Pro-Social Involvement	Protective Factor Scale: School opportunities for involvement	Shawnee: 63.7	64.7	1.0	1.6%
		State: 61.6	64.5	2.9	4.7%

*Note: 2007 baseline data were unavailable for these measures as the questions had not yet been added to the KCTC survey. The data included are from 2008.

Contextual Factors

There were 16 contextual factors identified across the three reporting periods in 2009, 2010, and 2011. The Coalition reported that 11 contextual factors affected the implementation of its initiatives during the first reporting period. There were 15 factors reported during the second reporting period, and 10 during the last reporting period.

FIGURE 21. NUMBER OF CONTEXTUAL FACTORS REPORTED - SHAWNEE COUNTY

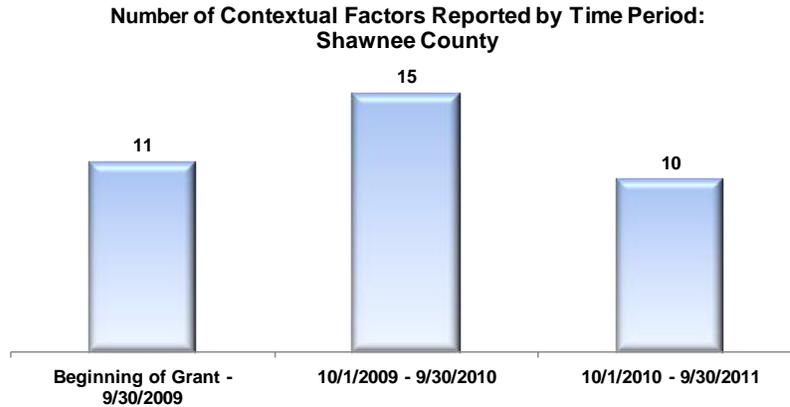


TABLE 83. CONTEXTUAL FACTORS BY TIME PERIOD - SHAWNEE COUNTY

Contextual Factors	Beginning of Grant - 9/30/2009	10/1/2009 - 9/30/2010	10/1/2010 - 9/30/2011
Cultural attitudes or practices conducive to high substance use	*	*	
High poverty rates/low SES	*	*	*
Lack of education		*	*
Large recent refugee/immigrant population	*	*	
Easy access to alcohol (underage)	*	*	*
Easy access to illegal drugs		*	*
Lack of community awareness regarding substance abuse	*	*	*
Lack of prevention/treatment programs		*	
High unemployment or underemployment			*
Difficulty reaching some parts of the community			
Lack of resources in rural areas		*	
Lack of trust in law enforcement/government/social services	*	*	*
Lack of law/policy enforcement	*	*	*
Lack of conducive jurisdictional boundaries among LE agencies			
Language barriers	*	*	
Community disorganization	*	*	*
Lack of supervised drug free activities for area youth	*	*	*
Substance use related event(s) that influenced public opinion	*	*	
Stressful events affecting large portions of the target population			
Other			

Adaptations to Evidence-Based Strategies

The Safe Streets of Shawnee Coalition reported that two key adaptations were made to the implementation of Positive Action. The first adaptation was to the prescribed setting of the program. While PA is typically delivered in schools, the Coalition also implemented the program within youth detention centers. The second adaptation was to the recommended dosage of the PA program. Multiple sessions were often delivered on the same day or stretched over multiple days in order to accommodate the needs of the youth detention centers. The final adaptation was to the prescribed PA curriculum. The Coalition reported that they supplemented the PA sessions with additional activities and materials (e.g., movies, poem writing). They also reported that certain aspects of the curriculum (i.e., journal writing and activity sheets) were occasionally omitted.

Notable Community Changes

For the first time, Strengthening Families was approved as a court-ordered parenting class.

For the first time, CMCA Youth stood together before the USD#353 School Board and discussed the issue of underage drinking.

Sumner County Community Drug Action Team

The Sumner County Community Drug Action Team identified family involvement and functioning, social norms, and social access as targeted influencing factors to be addressed in the community related to underage drinking. To address these influencing factors, the coalition selected four evidence-based strategies to implement. The table on the following page provides an overview of the evidence-based strategies implemented and related influencing factors addressed by the coalition. The coalition reported that no adaptations for local context or resource availability were made during the implementation period.

TABLE 84. EVIDENCE-BASED STRATEGIES BY TARGETED INFLUENCING FACTOR, SUMNER COUNTY

	Strategy Type	Academic Achievement	Prosocial Involvement	Family Involvement and Functioning	Social Norms	Social Access	Retail Access	Enforcement
Communities Mobilizing for Change on Alcohol	Environmental				X	X		
Life Skills Training	Program				X			
Lions Quest	Program				X			
Strengthening Families	Program			X	X			

Implementation of Community Changes and Community Strategic Plans

The Sumner County Community Drug Action Team identified 111 action steps across four identified evidence-based strategies. During the implementation period, the coalition completed all its action steps resulting in 130 community and systems changes.

The table below shows the distribution of strategies supporting community changes. Of the identified programs and environmental strategies, the coalition supported the implementation of slightly more community changes related to programs (36.2%) than for environmental strategies and media campaigns (35.4%).

TABLE 85. DISTRIBUTION OF COMMUNITY CHANGES BY STRATEGY, SUMNER COUNTY

Strategy	Number of Community Changes
CMCA	46
Lions Quest	11
Strengthening Families	21
Life Skills Training	15
Statewide Media Campaign	0
Other	37

Individuals Served through Programs

Sumner County implemented three prevention education programs: Lions Quest (n=5064), Life Skills (n=961) and Strengthening Families (n=335). Sumner County also deployed one environmental strategy: CMCA. Combined, these strategies potentially reached the total county population.

TABLE 86. NUMBER OF INDIVIDUALS IMPACTED BY PREVENTION STRATEGY TYPE

Strategy Type	Count
Prevention Education	6,360
Alternative Drug Free Activities	0
Information Dissemination	0
Problem Identification & Referral	0
Environmental - Law Enforcement	0
Environmental – Other	23,847

Program Fidelity

Communities implementing prevention education strategies completed fidelity checklists to help ensure that the evidence-based strategies were being implemented as recommended by the program developers. Through the fidelity checklists, nine specific items were assessed across the following five areas:

- **Strategy Content-** The strategy was implemented using the curriculum or content purchased or recommended by the program developers.
- **Strategy Intensity-** The number, length and frequency of program sessions implemented was according to the recommendation for full fidelity by the program developers.
- **Setting/Location-** The setting or location was appropriate for effective implementation of the strategy.
- **Target Population-** The program strategy implemented with the population indicated as appropriate by the program developers.
- **Individuals Implementing-** The parties responsible for implementing this strategy were fully trained, had appropriate skills or credentials, and were committed to implementing the components of the strategy with fidelity.

- Life Skills Training

Eight fidelity checklists were submitted for Life Skills Training in Sumner County with 96% of all fidelity items reported as being implemented with 'high fidelity' (80-100% of the time, the criterion was met). 'Moderate fidelity' (60-80% of the time criterion was met) was indicated for three items (4% overall). The most common items associated with moderate fidelity were number of program sessions, frequency of program sessions, and trained implementers.

- Strengthening Families

Fourteen fidelity checklists were submitted for Strengthening Families in Sumner County with 98% of all fidelity items reported as being implemented with 'high fidelity' (80-100% of the time, the criterion was met). 'Moderate fidelity' (60-80% of the time criterion was met) was indicated for two items (2% overall). The most common items associated with moderate fidelity were frequency of program sessions and target population.

- Lions Quest

There was not enough information to assess fidelity of program implementation of Lion's Quest.

Program Impact on Participant Outcomes

Sumner County administered Life Skills, Lion's Quest and Strengthening Families. A total of 2,437 baseline and exit surveys administered to youth 5th grade and older

were submitted for review. Surveys from 677 students (56%) had matched baseline and exit surveys based on a ten-digit unique ID. These data were combined to create the sample used in analysis examining change between baseline and exit surveys. Baseline and exit surveys contained questions specific to the curriculum being implemented. In addition, all program surveys had a set of core questions based on the National Outcome Measures (NOMs) that were required to be collected. These NOMs measures include past 30-day alcohol use, binge drinking, perceived risk of harm from youth alcohol use, and disapproval of youth alcohol use.

Paired-samples t-tests were calculated to show change in behavior and attitude from baseline to program exit. Survey findings across program participants did not show significant results for the four NOMs questions. However, these results do not reflect the full impact of baseline to program change experienced in Sumner County. Approximately 86% of students with matched baseline and exit surveys reported that they did **not** drink in the 30-days prior to starting the program. Therefore, further analysis was conducted with data from only youth who reported drinking at program entry/baseline to answer the question of whether those that did report drinking at baseline experienced a change in behavior or perceptions after strategy implementation/exit.

Life Skills had 30 youth that reported drinking at baseline. Results showed a significant reduction in past 30-day alcohol use at program exit among these students, $t(29) = 2.408$, $p = .023$. Similarly, for the program Lion's Quest, 88 youth reported drinking during the past 30-days of the program starting. A significant reduction was found in past 30-day use at the time of program exit, $t(88) = 2.225$, $p = .029$. In addition, a significant increase in the disapproval of youth alcohol use was found, $t(87) = 2.421$ at program exit. For Strengthening Families only three youth reported drinking at baseline.

Results for Sumner County suggest that Life Skills and Lion's Quest contributed to a reduction in youth alcohol use for those who reported alcohol use prior to program entry. This may point to the effectiveness of these programs not only as a universal prevention strategy but also for a program for selected, 'at risk' students that are already engaged in alcohol use.

Improvements in Youth Past 30-Day Alcohol Use

The following tables show the reduction of both youth past 30-day alcohol and past two-week binge drinking in Sumner County compared to the aggregate reduction of all SPF-SIG communities as a whole, and the State from 2007 through 2012.

Sumner County demonstrated a 16.9 percentage point decrease in reported past 30-day alcohol use which results in a 46.8% change compared to 18.6% change in the state overall during the same time. Sumner County youth alcohol prevalence started 7 percentage points higher than the state average. By the end of the SPF-SIG in 2012, prevalence was 4.5 percentage points below the state average.

TABLE 87. COMPARISON OF SUMNER COUNTY, SPF-SIG COMMUNITIES AND STATE PAST 30-DAY ALCOHOL USE BY YEAR AND RESULTING PERCENT CHANGE

Percentage Past 30-Day Alcohol Use	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
Sumner County	36.1	31.7	31.6	23.3	23	19.2	-16.9	-46.8
SPF-SIG Communities	33.2	28.9	28.8	27.3	25.4	23.6	-9.6	-28.9
State	29.1	27.2	26.9	25.6	24.2	23.7	-5.4	-18.6

Similarly, as shown in the table below, youth binge drinking in Sumner County started higher than the state average and ended lower in 2012. Overall the county showed a 10.7 percentage point or 52.2% reduction in youth binge drinking from 2007 to 2012.

TABLE 88. COMPARISON OF SUMNER COUNTY, SPF-SIG COMMUNITIES AND STATE PAST TWO-WEEK BINGE DRINKING BY YEAR AND RESULTING PERCENT CHANGE

Percentage Past Two-Week Binge Drinking	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
Sumner County	20.5	16.3	17.6	14.9	12.1	9.8	-10.7	-52.2
SPF-SIG Communities	18.3	16.2	16.2	15.0	12.9	12.6	-5.7	-31.1
State	15.6	15.2	14.7	13.8	12.7	12.4	-3.2	-20.5

Prioritized Influencing Factors Related to Underage Drinking

Sumner County targeted three influencing factors: Social Access, Social Norms, and Poor Family Management. These factors were measured using data from the KCTC student survey. Sumner County was one of the few counties in which the portion of students reporting that they obtained alcohol through social sources decreased from baseline to exit. In addition, the county showed a 50% decrease in the portion of students who said their parents would feel it is “not wrong at all” for the students to drink regularly.

TABLE 89. COMPARISON OF SUMNER COUNTY AND STATE KCTC MEASURES OF INFLUENCING FACTORS FROM BASELINE TO POST-IMPLEMENTATION YEAR AND RESULTING PERCENT CHANGE

Influencing Factor	KCTC Measure	Percentage at 2007 Baseline	Percentage at 2012 Post	2012 Change from 2007 Baseline	Percent Change
Social Access	Obtained alcohol through social sources	Sumner: 12.6*	11.9	-0.7*	-5.6%*
		State: 8.9*	14.3	5.4*	60.7%*
Social Norms	How wrong do your parents feel it would be for you to: drink beer, wine, or hard liquor regularly? (Not wrong at all)	Sumner: 5.8	2.9	-2.9	-50.0%
		State: 3.8	3.3	-0.5	-12.9%
	How much do you think people risk harming themselves if they: Take one or two drinks of an alcoholic beverage nearly every day? (No risk)	Sumner: 13.6	10.9	-2.7	-19.9%
		State: 12.8	12.4	-0.4	-2.9%
Poor Family Management	Risk Factor Scale: Poor Family Management	Sumner: 41.3	33.7	-7.6	-18.4%
		State: 41.3	39.4	-1.9	-4.7%

*2007 data were not available for this question. 2008 data were used in their place.

Contextual Factors

There were 10 contextual factors identified across the three reporting periods in 2009, 2010, and 2011. The Coalition reported that eight contextual factors affected the implementation of its initiatives during the first reporting period. There were four factors reported during the second reporting period, and seven during the last reporting period. As is depicted in the figure below, three contextual factors were reported across multiple periods.

FIGURE 22. NUMBER OF CONTEXTUAL FACTORS REPORTED - SUMNER COUNTY

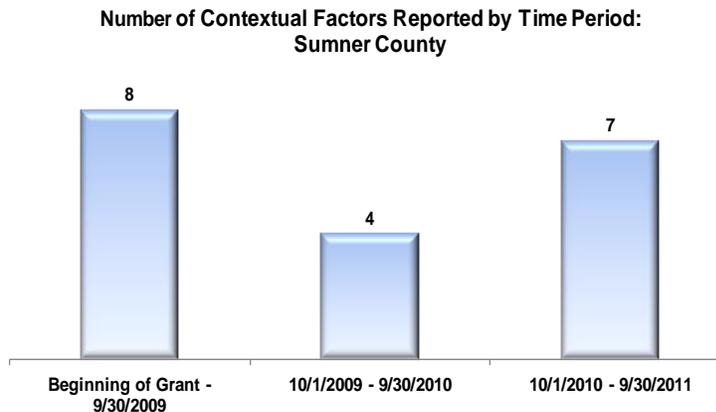


TABLE 90. CONTEXTUAL FACTORS BY TIME PERIOD - SUMNER COUNTY

Contextual Factors	Beginning of Grant - 9/30/2009	10/1/2009 - 9/30/2010	10/1/2010 - 9/30/2011
Cultural attitudes or practices conducive to high substance use	♣		♣
High poverty rates/low SES			
Lack of education			
Large recent refugee/immigrant population			
Easy access to alcohol (underage)	♣	♣	♣
Easy access to illegal drugs			
Lack of community awareness regarding substance abuse	♣	♣	
Lack of prevention/treatment programs			
High unemployment or underemployment	♣	♣	
Difficulty reaching some parts of the community			♣
Lack of resources in rural areas	♣	♣	♣
Lack of trust in law enforcement/government/social services			
Lack of law/policy enforcement	♣		
Lack of conducive jurisdictional boundaries among LE agencies			♣
Language barriers			
Community disorganization			
Lack of supervised drug free activities for area youth			
Substance use related event(s) that influenced public opinion	♣		♣
Stressful events affecting large portions of the target population			
Other (School funding cuts)	♣		

Adaptations to Evidence-Based Strategies

The Sumner County Community Drug Action Team reported that no adaptations for local context or resource availability were made during the implementation period.

Notable Community Changes

For the first time a new collaboration with the Woodson County Sheriff Dept was established that enables deputies to participate as volunteers in the YouthFriends mentor program.

The Chief of Police and law enforcement agents from Kansas Department of Revenue, Alcohol Beverage Control conducted an undercover operation by having an underage person attempt to purchase cereal malt beverages at local businesses.

Woodson County Interagency Coalition

The Woodson County Interagency Coalition identified academic achievement, social norms, and enforcement as targeted influencing factors to be addressed in the community related to underage drinking. To address these influencing factors, the coalition selected five evidence-based strategies to implement. The table on the following page provides an overview of the evidence-based strategies implemented and related influencing factors addressed by the coalition. The coalition reported that no adaptations for local context or resource availability were made during the implementation period.

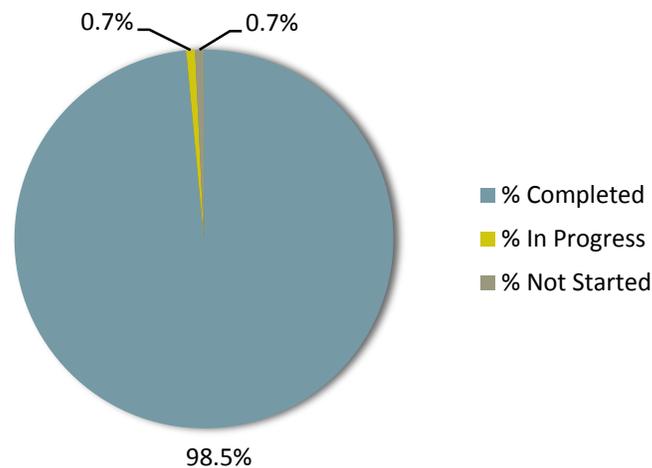
TABLE 91. EVIDENCE-BASED STRATEGIES BY TARGETED INFLUENCING FACTOR, WOODSON COUNTY

	Strategy Type	Academic Achievement	Prosocial Involvement	Family Involvement and Functioning	Social Norms	Social Access	Retail Access	Enforcement
Communities Mobilizing for Change on Alcohol	Environmental							X
Life of An Athlete	Program							X
Too Good for Drugs	Program				X			
YouthFriends	Program	X						

Implementation of Community Changes and Community Strategic Plans

The Woodson County Interagency Coalition identified 134 action steps across four identified evidence-based strategies. During the implementation period, the coalition completed 132 action steps resulting in 32 community and systems changes. The graph below shows the distribution of action steps across evidence-based strategies by completion status.

FIGURE 23. DISTRIBUTION OF ACTION STEPS ACROSS EVIDENCE-BASED STRATEGIES, WOODSON COUNTY



The following table shows the distribution of strategies supporting community changes. Of the identified programs and environmental strategies, the coalition supported the implementation of more community changes related to programs (56%) than for environmental strategies and media campaigns (44%).

TABLE 92. DISTRIBUTION OF COMMUNITY CHANGES BY STRATEGY, WOODSON COUNTY

Strategy	Number of Community Changes
Communities Mobilizing for Change on Alcohol	9
Life of an Athlete	11
Retailer Compliance Checks (part of CMCA)	1
Too Good for Drugs	2
YouthFriends	1
Statewide Media Campaign	1
Other	7

Individuals Served through Programs

Woodson County implemented the prevention education program Too Good for Drugs. This program impacted 514 individuals. Alternative drug-free activities included YouthFriends and Life of an Athlete together impacting about 330 youth. In addition, Woodson County also deployed one environmental strategy: CMCA. Combined, these strategies potentially reached the total county population.

TABLE 93. NUMBER OF INDIVIDUALS IMPACTED BY PREVENTION STRATEGY TYPE

Strategy Type	Count
Prevention Education	514
Alternative Drug-Free Activities	331
Information Dissemination	0
Problem Identification & Referral	0
Environmental - Law Enforcement	0
Environmental – Other	3,309

Program Fidelity

Communities implementing prevention education strategies completed fidelity checklists to help ensure that the evidence-based strategies were being implemented as recommended by the program developers. Through the fidelity checklists, nine specific items were assessed across the following five areas:

- **Strategy Content-** The strategy was implemented using the curriculum or content purchased or recommended by the program developers.
- **Strategy Intensity-** The number, length and frequency of program sessions implemented was according to the recommendation for full fidelity by the program developers.
- **Setting/Location-** The setting or location was appropriate for effective implementation of the strategy.
- **Target Population-** The program strategy implemented with the population indicated as appropriate by the program developers.
- **Individuals Implementing-** The parties responsible for implementing this strategy were fully trained, had appropriate skills or credentials, and were committed to implementing the components of the strategy with fidelity.

- Too Good For Drugs

Twelve fidelity checklists were submitted for Too Good For Drugs in Dickinson County with 91% of all fidelity items reported as being implemented with 'high fidelity' (80-100% of the time, the criterion was met). 'Moderate fidelity' (60-80% of the time criterion was met) was indicated for nine items (8% overall). The most common items associated with moderate fidelity were frequency of program sessions and maintaining partner commitments. Low fidelity (<60%) was indicated for one item related to number of program sessions.

Program Impact on Participant Outcomes

Woodson County administered the prevention education program Too Good For Drugs. A total of 575 baseline and exit surveys administered to youth 5th grade and older were submitted for review. Surveys from 134 students (47%) had matched baseline and exit surveys based on a ten-digit unique ID. These data were combined to create the sample used in analysis examining change between baseline and exit surveys. Baseline and exit surveys contained questions specific to the curriculum being implemented. In addition, all program surveys had a set of core questions based on the National Outcome Measures (NOMs) that were required to be collected. These NOMs measures include past 30-day alcohol use, binge drinking, perceived risk of harm from youth alcohol use, and disapproval of youth alcohol use. Paired-samples t-tests were calculated to show change in behavior and attitude from baseline to program exit. Survey findings across program participants did not show significant results for the four NOMs questions. However, these results do not reflect the full impact of baseline to program change experienced in Woodson County. Approximately, 90% of students with matched baseline and exit surveys reported that they did **not** drink in the 30-days prior to starting the program. Therefore, further analysis was conducted with data from only youth who reported drinking at program entry/baseline to answer the question of whether those that did report drinking at baseline experienced a change in behavior or perceptions after strategy implementation/exit.

The Too Good For Drugs program had 14 youth that reported drinking at baseline. Results showed a significant reduction in past 30-day alcohol use at program exit, $t(13) = 3.238, p = .006$.

Results for Woodson County suggest that Too Good for Drugs contributed to a reduction in youth alcohol use for those who reported alcohol use prior to program entry. This may point to the effectiveness of these programs not only as a universal prevention strategy but also for a program for selected, 'at risk' students that are already engaged in alcohol use.

Improvements in Youth Past 30-Day Alcohol Use

The following tables show the reduction of both youth past 30-day alcohol and past two-week binge drinking in Woodson County compared to the aggregate reduction of all SPF-SIG communities as a whole, and the State from 2007 through 2012.

Woodson County demonstrated an 11.7 percentage point decrease in reported past 30-day alcohol use which results in a 32.1% change compared to 18.6% change in the state overall during the same time. Woodson County youth alcohol prevalence

started 7.4 percentage points higher than the state average. By the end of the SPF-SIG in 2012, prevalence was 1.1 percentage points above the state average.

TABLE 94. COMPARISON OF WOODSON COUNTY, SPF-SIG COMMUNITIES AND STATE PAST 30-DAY ALCOHOL USE BY YEAR AND RESULTING PERCENT CHANGE

Percentage Past 30-Day Alcohol Use	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
Woodson County	36.5	35.4	35.8	34.3	25.7	24.8	-11.7	-32.1
SPF-SIG Communities	33.2	28.9	28.8	27.3	25.4	23.6	-9.6	-28.9
State	29.1	27.2	26.9	25.6	24.2	23.7	-5.4	-18.6

Similarly, as shown in the table below, youth binge drinking in Woodson County started higher than the state average and was still higher in 2012, but by a smaller margin. Overall the county showed an 8.3 percentage point or 35.6% reduction in youth binge drinking from 2007 to 2012.

TABLE 95. COMPARISON OF WOODSON COUNTY, SPF-SIG COMMUNITIES AND STATE PAST TWO-WEEK BINGE DRINKING BY YEAR AND RESULTING PERCENT CHANGE

Percentage Past Two-Week Binge Drinking	2007 Baseline	2008	2009	2010	2011	2012	2012 Reduction from 2007 Baseline	Percent Change
Woodson County	23.3	26.3	24.3	23.3	18.6	15	-8.3	-35.6
SPF-SIG Communities	18.3	16.2	16.2	15.0	12.9	12.6	-5.7	-31.1
State	15.6	15.2	14.7	13.8	12.7	12.4	-3.2	-20.5

Prioritized Influencing Factors Related to Underage Drinking

Woodson County targeted three influencing factors: Social Norms, Academic Achievement, and Enforcement. These factors were measured using data from the KCTC student survey. The largest change was seen in the area of enforcement: Woodson County saw a 7.6 percentage point increase (28.1%) in the portion of students reporting that if a kid drank alcohol in their neighborhood they would be caught by police.

TABLE 96. COMPARISON OF WOODSON COUNTY AND STATE KCTC MEASURES OF INFLUENCING FACTORS FROM BASELINE TO POST-IMPLEMENTATION YEAR AND RESULTING PERCENT CHANGE

Influencing Factor	KCTC Measure	Percentage at 2007 Baseline	Percentage at 2012 Post	2012 Change from 2007 Baseline	Percent Change
Social Norms	How much do you think people risk harming themselves if they: Take one or two drinks of an alcoholic beverage nearly every day? (No risk)	Woodson: 11.4	11.9	0.5	4.4%
		State: 12.8	12.4	-0.4	-2.9%
Academic Achievement	Risk Factor Scale: Academic Failure	Woodson: 37.7	36.2	-1.5	-4.0%
		State: 40.5	37.2	-3.3	-8.0%
Enforcement	If a kid drank some alcohol in your neighborhood, or the area around where you live, would he or she be caught by police (yes & YES!)	Woodson: 27.0	34.6	7.6	28.1%
		State: 32.9	36.9	4.0	12.2%

Contextual Factors

There were 12 contextual factors identified across the three reporting periods in 2009, 2010, and 2011. The Coalition reported that seven contextual factors affected the implementation of its initiatives during the first reporting period. There were eight factors reported during the second reporting period, and 10 during the last reporting period. As is depicted in the figure below, four contextual factors were reported across multiple periods.

FIGURE 24. NUMBER OF CONTEXTUAL FACTORS REPORTED - WOODSON COUNTY

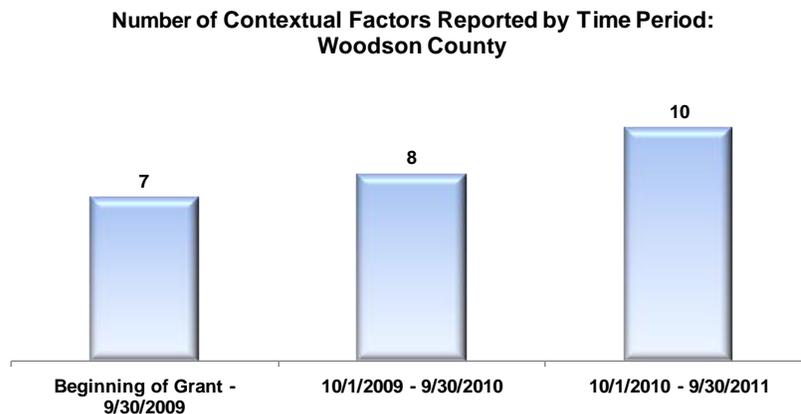


TABLE 97. CONTEXTUAL FACTORS BY TIME PERIOD - WOODSON COUNTY

Contextual Factors	Beginning of Grant - 9/30/2009	10/1/2009 - 9/30/2010	10/1/2010 - 9/30/2011
Cultural attitudes or practices conducive to high substance use	♣	♣	♣
High poverty rates/low SES	♣		♣
Lack of education			♣
Large recent refugee/immigrant population			
Easy access to alcohol (underage)	♣		♣
Easy access to illegal drugs			
Lack of community awareness regarding substance abuse	♣	♣	♣
Lack of prevention/treatment programs		♣	
High unemployment or underemployment			♣
Difficulty reaching some parts of the community			
Lack of resources in rural areas	♣	♣	♣
Lack of trust in law enforcement/government/social services		♣	
Lack of law/policy enforcement	♣	♣	♣
Lack of conducive jurisdictional boundaries among LE agencies		♣	♣
Language barriers			
Community disorganization			
Lack of supervised drug free activities for area youth		♣	♣
Substance use related event(s) that influenced public opinion			
Stressful events affecting large portions of the target population			
Other (School funding cuts)			

Adaptations to Evidence-Based Strategies

The Woodson County Interagency Coalition reported that no adaptations for local context or resource availability were made during the implementation period.