



Northwoods Coalition Policy Initiative Evaluation 2017-2018

Contact Information

1. Name of Coalition

2. Key Contact

Last Name:

First Name:

Address:

City:

State:

ZIP:

County:

Email Address:

Phone Number:

Reference



Northwoods Coalition Policy Initiative Evaluation 2017-2018

Evaluation

3. Which policy did the coalition work on? (*check one*)

- Community Festival Policy
- Controlled Substances Ordinance
- Electronic Cigarettes/Vaping
- Gang Ordinance
- Healthcare Controlled Substances Pain Contract
- Healthcare Emergency Room/Urgent Care Opioid Policy
- Impaired or Sober Server Ordinance
- Inhalants Ordinance
- No Alcohol Advertising Policy
- Over-the-counter Drug Policy
- Parent Network - Parent Agreement
- Place of Last Drink (POLD)
- Restricted Hours on Alcohol Sales
- Social Host Ordinance
- Synthetic Drug Ordinance
- Working with Local Liquor Licensing Boards
- Other emerging trend, please describe:

4. Which state priority(ies) does the policy address? (*check all that apply*)

- Underage drinking (ages 12-20)
- Adult binge drinking (ages 18-34)
- Drinking among pregnant women
- Drinking and driving (especially among people ages 16 to 34)
- Opioid use for non-medical purposes (with a focus on people ages 20-54)
- Not applicable

5. What stage is this policy at?

Reference



Northwoods Coalition Policy Initiative Evaluation 2017-2018

Evaluation (continued)

6. If approved, what are the proposed follow-up activities for implementation of the policy?

Reference



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7. How will the effectiveness of this policy be evaluated?

8. How satisfied were you with the technical assistance provided by Marshfield Clinic staff for this project?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied
- NA

Explain:

Please email the following documents to Tammy Neumann at neumann.tammera@marshfieldclinic.org

- Draft of proposed policy OR completed policy
- Meeting minutes
- Completed Invoice

Click on the Done button below to complete the evaluation. Thank you!