

Community Readiness Assessment

Results Report

Lancaster/ Pickerington/
Ohio University-Lancaster Branch

July 2012



Report prepared by Kelly Monce,
Young Adult Prevention Initiative Coordinator
108 W. Main St., Suite B • Lancaster, Ohio 43130
(740) 475-1985 (Phone) • (740) 681-5540 (Fax)
kmonce@co.fairfield.oh.us • www.facfc.org/YAPI

Background and Information

In 2012 the Fairfield County Young Adult Prevention Initiative Coalition (YAPI) set out to perform a Community Needs Assessment; a process which involved an analysis of the prescription drug problem in our community. The following Community Readiness Assessment Report is one piece of that Community Needs Assessment.

It is important to note that for the purposes of our grant we have focused on three separate “communities” within Fairfield County; Lancaster, Pickerington and Ohio University Lancaster/Pickerington Regional Campuses. This Report includes a separate assessment for each of these communities.

The Fairfield County Young Adult Prevention Initiative utilized a free resource called the Community Readiness Model created by the Colorado State University Tri- Ethnic Center for Prevention Research. For more information or a copy of this model visit:

http://triethniccenter.colostate.edu/communityReadiness_home.htm

What is the Tri- Ethnic Community Readiness Model?

The Community Readiness Model is an innovative method for assessing the level of readiness of a community to develop and implement prevention and other intervention efforts.

It defines 9 Stages of Community Readiness ranging from “no awareness” of the problem to “high level of community ownership” in response to the issue. . A complete list of the Stages of Community Readiness and explanation of each stage can be found in the resource index at the end of this report.

The Community Readiness Model was developed by the Tri-Ethnic Center for Prevention Research at Colorado State University after much research and testing in communities. Its validity and reliability have been demonstrated in many communities and with many issues.

The Community Readiness Model identifies specific characteristics related to different levels of problem awareness and readiness for change. It is:

- A step-by-step system for developing an effective prevention strategy. It gives a clear map of the prevention/intervention journey.
- Issue-specific, community- specific, culturally specific and most important, measurable.

The process for using the Community Readiness Model includes:

1. *Identifying the issue.* In our case, the issue identified was “prescription drug misuse”.
2. *Defining “community.”* In our case we defined three communities: Lancaster, Pickerington, and OU-L/P
3. *Conducting “key respondent” interviews.* YAPI Coordinator Kelly Monce conducted the interviews in all three communities.
4. *Scoring the interviews to determine the readiness level.* YAPI Coalition Members Toni Ashton and Patti Waits independently scored each interview. YAPI Coordinator Kelly Monce then calculated the scores in order to determine the readiness level.

What is a key respondent and what are the key respondent interviews?

Key respondents are individuals who are knowledgeable about the community, but not necessarily a leader or decision-maker. They are involved in community affairs and know what is going on. By using a cross section of individuals, a more complete and accurate measure of the level of readiness for this issue in the community can be obtained.

Key respondent interviews involve approximately 35-40 questions that are adapted to the community and the issue being addressed. Four to six key respondents are interviewed for about 30-60 minutes. The questions asked provide information about *six dimensions of the community readiness* for the targeted issues.

Interviewers transcribe the interviewee responses for the scoring process.

What are the six dimensions of community readiness?

Community readiness is multi-dimensional - six dimensions. The six dimensions of community readiness include the following key factors that influence a community's preparedness to take action on an issue:

1. Community Efforts
2. Community Knowledge of the Efforts
3. Leadership
4. Community Climate
5. Community Knowledge About the Issue
6. Resources Related to the Issue

A community can be at somewhat different stages on each of the different dimensions; this is where the diagnostic aspect is determined. All dimensions are used to obtain a final community readiness score for the particular issue being addressed. However, the individual dimensions are more telling when making the decision where and how to develop your strategies. (A complete list and explanation of each dimension can be found in the Resource Index at the end of this report).

Scoring

Interviews are scored one at a time by at least two scorers following specific instructions and guidelines given to the scorers. Based upon statements and references in the interviews that refer to specific dimensions, for each interview each dimension receives a score from 1-9 according to a scale for that particular dimension. The scorers then come together and agree on the scores of each dimension for each interview. Scores are then averaged across interviews for each dimension, and the final score is the average across the six dimensions. This final score gives the specific stage of readiness for this issue in the community.

Community: Lancaster

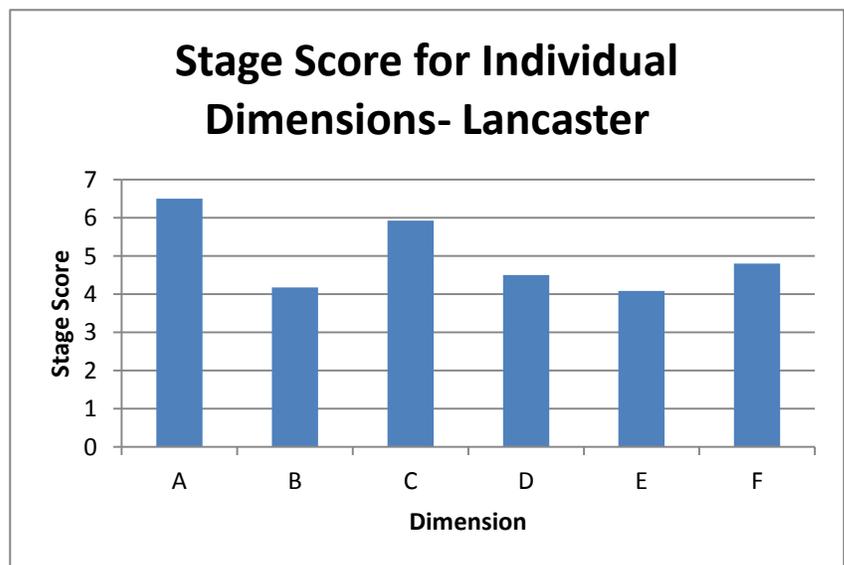
Results

Combined Scores: For each interview, the two scorers discussed their individual scores and then agreed on a single score. This is the COMBINED SCORE.

Interviews	#1	#2	#3	#4	#5	#6	Total
(A) Community Efforts	5.5	6.5	8	6.5	6.5	6	39
(B) Community Knowledge of the Efforts	3	5	4.5	4	5	3.5	25
(C) Leadership	4	6	7.5	6.5	6.5	5	35.5
(D) Community Climate	3.5	3.5	4.5	4.5	5	6	27
(E) Community Knowledge About the Issue	3.5	3.5	5	3	5.5	4	24.5
(F) Resources Related to the Issue	3.5	4.5	6	-	7	3	24

Calculated Scores: calculations were done by using the combined score TOTAL in the table above and dividing by the number of interviews conducted. The calculated scores are then added together.

	Stage Score
Community Efforts (A)	6.5
Community Knowledge of the Efforts (B)	4.17
Leadership (C)	5.92
Community Climate (D)	4.5
Community Knowledge About the Issue (E)	4.08
Resources Related to the Issue (F)	4.8
Average Overall Community Readiness Score	29.97



Overall Stage of Readiness: Taking the total calculated score and dividing by 6 (the number of dimensions). Then using the list of stages below match the result with a stage of readiness, rounding down instead of up as specified in the instructions.

Total Calculated Score= 4.99, Stage 4 Preplanning

Using the Assessment to Develop Strategies:

With the information from this assessment, strategies can begin to be developed that will be appropriate for each community. The first to look at in determining where to start with strategies is the distribution of scores across the dimensions, are they all about the same? Are some lower than others?

To move ahead, readiness on all dimensions must be at about the same level- so if one or more dimensions have lower scores than the others, efforts should be focused on strategies that will increase the community's readiness on that dimension or those dimension first. The intensity level of intervention or strategy should be consistent with, or lower than, the stage score for that dimension. To be successful, any effort toward making change within a community must begin with strategies appropriate to its stage of readiness.

In the Lancaster Community, the lowest scores are related to: Community Knowledge of the Efforts, Community Climate, Community Knowledge of the Issue, and Resources Related to the Issue; in these four dimensions the scores are in Stage 4 - Preplanning. As we begin planning for implementation, it is important that we look at those dimensions and their corresponding stage of readiness and use the combination of information to develop our strategic plan. In this case, initial efforts should focus on raising awareness with concrete ideas to combat prescription drug misuse and should include:

- raising awareness about the causes of prescription drug misuse, the consequences, and how it impacts the community;
- increasing the awareness of local efforts to prevent prescription drug misuse and their effectiveness among community members;
- Helping to mold the prevailing attitude in the community to reflect responsibility and empowerment around the prevention of prescription drug misuse; and increasing the amount of local resources available to support the prevention of prescription drug misuse.

Community: Pickerington

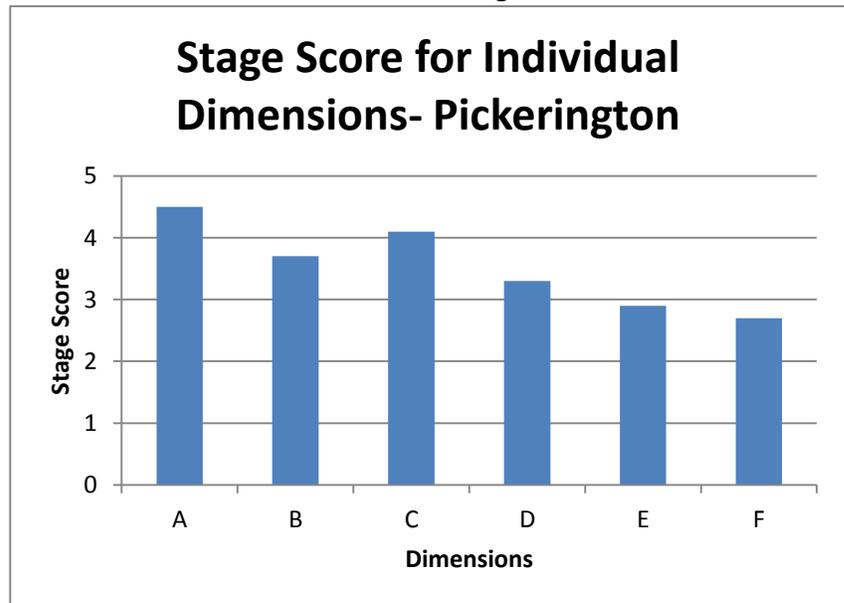
Results

Combined Scores: For each interview, the two scorers discussed their individual scores and then agreed on a single score. This is the COMBINED SCORE.

Interviews	#1	#2	#3	#4	#5	Total
(A) Community Efforts	5.5	4	3	3	4.5	22
(B) Community Knowledge of the Efforts	4	3.5	3.5	2	5.5	18.25
(C) Leadership	4	4.5	3.5	2.5	6	20.5
(D) Community Climate	3.5	2.5	4	1.5	5	16.5
(E) Community Knowledge About the Issue	3.5	1.5	3.5	2.5	3.5	14.5
(F) Resources Related to the Issue	3.5	2.5	3.5	1	3	13.5

Calculated Scores: calculations were done by using the combined score TOTAL in the table above and dividing by the number of interviews conducted. The calculated scores are then added together.

	Stage Score
(A) Community Efforts	4.5
(B) Community Knowledge of the Efforts	3.7
(C) Leadership	4.1
(D) Community Climate	3.3
(E) Community Knowledge About the Issue	2.9
(F) Resources Related to the Issue	2.7
Average Overall Community Readiness Score	21.1



Overall Stage of Readiness: Taking the Total calculated score and dividing by 6 (the number of dimensions). Then using the list of stages below match the result with a stage of readiness, rounding down instead of up as specified in the instructions.

Total Calculated Score= 3.52, Stage 3 Vague Awareness

Using the Assessment to Develop Strategies:

With the information from this assessment, strategies can begin to be developed that will be appropriate for each community. The first to look at in determining where to start with strategies is the distribution of scores across the dimensions, are they all about the same? Are some lower than others?

To move ahead, readiness on all dimensions must be at about the same level- so if one or more dimensions have lower scores than the others, efforts should be focused on strategies that will increase the community's readiness on that dimension or those dimension first. The intensity level of intervention or strategy should be consistent with, or lower than, the stage score for that dimension. To be successful, any effort toward making change within a community must begin with strategies appropriate to its stage of readiness.

In the Pickerington Community, the lowest scores are related to: Community Knowledge About the Issue and Resources Related to the Issue; in these two dimensions the scores are in Stage 2- Denial/Resistance. As we begin planning for implementation, it is important that we look at those dimensions and their corresponding stage of readiness and use the combination of information to develop our strategic plan. In this case, initial efforts should focus on raising awareness that the prescription drug misuse exists in this community and should include:

- Raising awareness about the causes of prescription drug misuse, the consequences, and how it impacts the community; and
- Increasing the local resources such as people, time, money and space available to support the efforts to address the issue of prescription drug misuse in the community.

Community: Ohio University- Lancaster/ Pickerington Branch

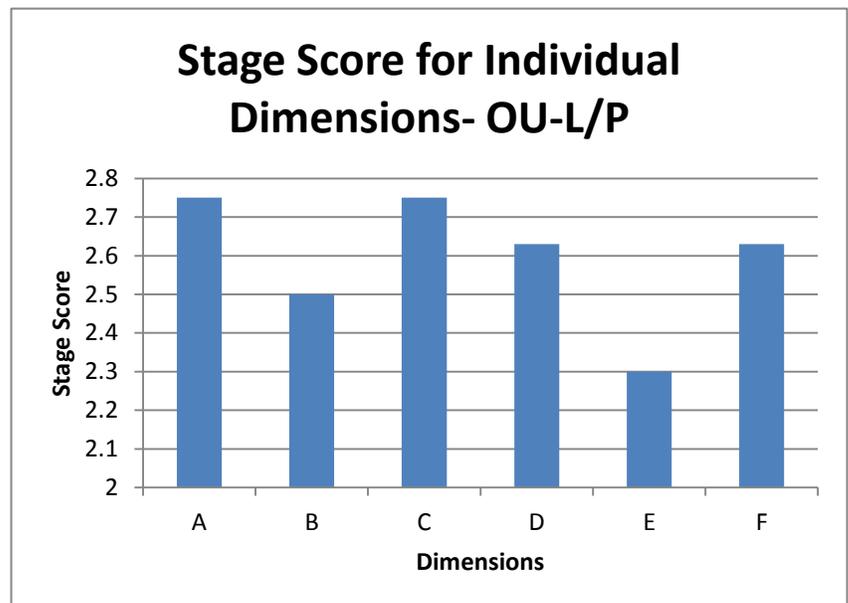
Results

Combined Scores: For each interview, the two scorers discussed their individual scores and then agreed on a single score. This is the COMBINED SCORE.

Interviews	#1	#2	#3	#4	Total
(A) Community Efforts	4	2.5	3	1.5	11
(B) Community Knowledge of the Efforts	3	2	3.5	1.5	10
(C) Leadership	4	3	3	1	11
(D) Community Climate	3	3	3	1.5	10.5
(E) Community Knowledge About the Issue	2.5	1.5	2.5	2	8.5
(F) Resources Related to the Issue	4.5	1.5	2	2.5	10.5

Calculated Scores: calculations were done by using the combined score TOTAL in the table above and dividing by the number of interviews conducted. The calculated scores are then added together.

	Stage Score
(A) Community Efforts	2.75
(B) Community Knowledge of the Efforts	2.5
(C) Leadership	2.75
(D) Community Climate	2.63
(E) Community Knowledge About the Issue	2.3
(F) Resources Related to the Issue	2.63
Average Overall Community Readiness Score	15.39



Overall Stage of Readiness: Taking the Total calculated score and dividing by 6 (the number of dimensions). Then using the list of stages below match the result with a stage of readiness, rounding down instead of up as specified in the instructions.

Total Calculated Score= 2.56, Stage 2 Denial/Resistance

Using the Assessment to Develop Strategies:

With the information from this assessment, strategies can begin to be developed that will be appropriate for each community. The first to look at in determining where to start with strategies is the distribution of scores across the dimensions, are they all about the same? Are some lower than others?

To move ahead, readiness on all dimensions must be at about the same level- so if one or more dimensions have lower scores than the others, efforts should be focused on strategies that will increase the community's readiness on that dimension or those dimension first. The intensity level of intervention or strategy should be consistent with, or lower than, the stage score for that dimension. To be successful, any effort toward making change within a community must begin with strategies appropriate to its stage of readiness.

In the Ohio University-Lancaster and Pickerington Branch community scores at the same stage for all dimensions, Stage 2 - Denial/Resistance; therefore strategies in this community should focus on increasing the community's overall readiness to address prescription drug misuse. Initial strategies should focus on raising awareness that the issue of prescription drug misuse exists in this community and should concentrate on increasing each of the dimensions of readiness in relation to the issue.

Resource Index

Documents in this index are copied directly from *Community Readiness: A Handbook for Successful Change*, developed by the Colorado State University Tri-Ethnic Center for Prevention Research.

Dimensions Of Readiness

Dimensions of readiness are key factors that influence your community's preparedness to take action on an issue. The six dimensions identified and measured in the Community Readiness Model are very comprehensive in nature. They are an excellent tool for diagnosing your community's needs and for developing strategies that meet those needs.

- A. **Community Efforts**: To what extent are there efforts, programs, and policies that address the issue?
- B. **Community Knowledge of the Efforts**: To what extent do community members know about local efforts and their effectiveness, and are the efforts accessible to all segments of the community?
- C. **Leadership**: To what extent are appointed leaders and influential community members supportive of the issue?
- D. **Community Climate**: What is the prevailing attitude of the community toward the issue? Is it one of helplessness or one of responsibility and empowerment?
- E. **Community Knowledge about the Issue**: To what extent do community members know about the causes of the problem, consequences, and how it impacts your community?
- F. **Resources Related to the Issue**: To what extent are local resources - people, time, money, space, etc. - available to support efforts?

Your community's status with respect to each of the dimensions forms the basis of the overall level of community readiness.

Stages of Readiness

STAGE	DESCRIPTION
1. No Awareness	Issue is not generally recognized by the community or leaders as a problem (or it may truly not be an issue).
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. Preplanning	There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.
5. Preparation	Active leaders begin planning in earnest. Community offers modest support of efforts.
6. Initiation	Enough information is available to justify efforts. Activities are 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 they 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. Model is applied to other issues.

Goals And General Strategies Appropriate For Each Stage

1. No Awareness

Goal: Raise awareness of the issue

- Make one-on-one visits with community leaders/members.
- Visit existing and established small groups to inform them of the issue.
- Make one-on-one phone calls to friends and potential supporters.

2. Denial / Resistance

Goal: Raise awareness that the problem or issue exists in this community

- Continue one-on-one visits and encourage those you've talked with to assist.
- Discuss descriptive local incidents related to the issue.
- Approach and engage local educational/health outreach programs to assist in the effort with flyers, posters, or brochures.
- Begin to point out media articles that describe local critical incidents.
- Prepare and submit articles for church bulletins, local newsletters, club newsletters, etc.
- Present information to local related community groups.

(Note that media efforts at the lower stages must be lower intensity as well. For example, place media items in places where they are very likely to be seen, e.g., church bulletins, smaller newsletter, flyers in laundromats or post offices, etc.)

3. Vague Awareness

Goal: Raise awareness that the community can do something

- Get on the agendas and present information at local community events and to unrelated community groups.
- Post flyers, posters, and billboards.
- Begin to initiate your own events (pot lucks, potlatches, etc.) and use those opportunities to present information on the issue.
- Conduct informal local surveys and interviews with community people by phone or door-to-door.
- Publish newspaper editorials and articles with general information and local implications.

4. Preplanning

Goal: Raise awareness with concrete ideas to combat condition

- Introduce information about the issue through presentations and media.
- Visit and invest community leaders in the cause.
- Review existing efforts in community (curriculum, programs, activities, etc.) to determine who the target populations are and consider the degree of success of the efforts.
- Conduct local focus groups to discuss issues and develop strategies.
- Increase media exposure through radio and television public service announcements.

5. Preparation

Goal: Gather existing information with which to plan strategies

- Conduct school drug and alcohol surveys.
- Conduct community surveys.
- Sponsor a community picnic to kick off the effort.
- Conduct public forums to develop strategies from the grassroots level.
- Utilize key leaders and influential people to speak to groups and participate in local radio and television shows.
- Plan how to evaluate the success of your efforts.

6. Initiation

Goal: Provide community-specific information

- Conduct in-service training on Community Readiness for professionals and paraprofessionals.
- Plan publicity efforts associated with start-up of activity or efforts.
- Attend meetings to provide updates on progress of the effort.
- Conduct consumer interviews to identify service gaps, improve existing services and identify key places to post information.
- Begin library or Internet search for additional resources and potential funding.
- Begin some basic evaluation efforts.

7. Stabilization

Goal: Stabilize efforts and programs

- Plan community events to maintain support for the issue.
- Conduct training for community professionals.
- Conduct training for community members.
- Introduce your program evaluation through training and newspaper articles.
- Conduct quarterly meetings to review progress, modify strategies.
- Hold recognition events for local supporters or volunteers.
- Prepare and submit newspaper articles detailing progress and future plans.
- Begin networking among service providers and community systems.

8. Confirmation / Expansion

Goal: Expand and enhance services

- Formalize the networking with qualified service agreements.
- Prepare a community risk assessment profile.
- Publish a localized program services directory.
- Maintain a comprehensive database available to the public.
- Develop a local speaker's bureau.
- Initiate policy change through support of local city officials.
- Conduct media outreach on specific data trends related to the issue.
- Utilize evaluation data to modify efforts.

9. High Level of Community Ownership

Goal: Maintain momentum and continue growth

- Maintain local business community support and solicit financial support from them.
- Diversify funding resources.
- Continue more advanced training of professionals and paraprofessionals.
- Continue re-assessment of issue and progress made.
- Utilize external evaluation and use feedback for program modification.
- Track outcome data for use with future grant requests.
- Continue progress reports for benefit of community leaders and local sponsorship. At this level the community has ownership of the efforts and will invest themselves in maintaining the efforts.

Validity And Reliability Of The Community Readiness Model Assessment Tool

The Community Readiness Assessment tool provides an assessment of the nature and extent of knowledge and support within a community to address an issue at a given point in time. Both "the community" and "the issue" change from application to application, so applying standard techniques for establishing validity are not easily followed. In establishing validity of a measure, it is customary to find another measure that has similar intent that is well documented and accepted and see if, with the same group of people, results on the new measure agree with results on the more established measure. It is difficult to apply this methodology to the Community Readiness Assessment tool since each application is unique and the constructs or ideas that the tool is measuring have not been addressed by other measures. There are, however, still ways validity can be established.

Establishing Construct Validity. The theory of the Community Readiness Model is a "broad scale theory." A broad scale theory deals with a large number of different phenomena such as facts or opinions and a very large number of possible relationships among those phenomena. Although it is not possible to have a single test to establish construct validity for a broad scale theory, it is possible to test hypotheses that derive from the theory and, if the hypotheses prove to be accurate, then the underlying theory and the instrument used to assess the theory are likely to be valid (Oetting & Edwards, in press). This approach has been taken over the course of development of the Community Readiness Model and construct validity for the model has been demonstrated. An explication of the hypotheses tested and results are presented in the Oetting & Edwards article which is available from the Tri-Ethnic Center (www.TriEthnicCenter.ColoState.edu).

Acceptance of the Model. Although it is not a scientific demonstration of validity, the widespread acceptance and the breadth of application of the Community Readiness Model, lends credence to its validity. Literally hundreds of workshops have been conducted by Tri-Ethnic Center staff and colleagues presenting the Community Readiness Model and they have been enthusiastically received. Further, from simply reading about the model on our website or in a publication, many individuals and groups request handbooks and apply the model to their own issues in their own communities without assistance. In the first six months this handbook was available on our website, we received over 150

requests for free, downloadable copies of the handbook. These requests came from all over the United States and Canada as well as from other countries around the world. This level of adoption occurs because people see the value of the assessment in giving them information that accurately assesses their community's readiness to address a particular issue and, even more important, gives them a model that offers guidance to them in taking action.

As with measures of validity, the Community Readiness Assessment tool does not lend itself well to traditional measures of reliability. For many types of measures, the best evidence for reliability may be *test-retest reliability*. That type of methodology assumes that whatever is being measured doesn't change and, if the instrument is reliable, it will obtain very similar results from the same respondent at two points in time. Readiness levels are rarely static, although they may remain at approximately the same level for very low stages and very high stages for some time. Once an issue is recognized as a problem in a community (Stage 3, Vague Awareness or Stage 4, Preplanning), there is almost always some movement, often resulting in some efforts getting underway (Stage 6, Initiation) and likely becoming part of an ongoing program (Stage 7, Stabilization) or beyond. This movement from stage to stage can take place in a relatively short period of time depending on circumstances in the community and movement can occur at different rates on the different dimensions. For this reason, calculating a *test-retest reliability* is inappropriate.

Consistent Patterns. We have, however, taken a careful look at changes in community readiness over time, and there are consistent patterns that reflect on reliability. In one of those studies, for example, communities that were assessed as being low in readiness to deal with methamphetamine abuse were also assessed as being low in readiness over the next three years. In contrast, communities that were above Stage 4, Preplanning, were likely to change in readiness. For this pattern to occur, the measures of readiness had to be reasonably consistent over time.

An aspect of reliability that is highly important in determining how useful this model can be is *inter-rater reliability*. There are two ways of looking at this type of reliability for the Community Readiness Model—consistency among respondents and inter-rater reliability in scoring.

Consistency Among Respondents. One aspect of inter-rater reliability is the level of consistency among the respondents who are interviewed about readiness in their community. We have calculated consistency across respondents, and it is generally very high. We improve accuracy by restricting respondents to persons

who have been in the community for a year or more, which generally results in a valid interview--an interview that accurately reflects what is actually happening in the community.

At the same time, we do not expect or want to obtain exactly the same information from each respondent - that is why we select respondents with different community roles and community connections. Each respondent is expected to have a unique perspective and their responses will reflect that perspective. The information that is collected through the interviews is never "right" or "wrong" - it simply reflects the understanding of the respondent about what is going on in the community. There are, of course, occasions when respondents do not agree; when they have radically different views of what is going on in their community. If one respondent gives responses vastly different from the others in the same community, we add further interviews to determine what is actually occurring in that community. The very high level of agreement among respondents is, therefore, enhanced because of these methods that we use to assure that we are getting an accurate picture of the community.

Inter-rater Reliability in Scoring. Transcripts of interviews with community respondents are scored independently by two scorers to obtain the level of community readiness on each dimension. We have tested inter-rater reliability on over 120 interviews by checking the agreement between scores given for each interview by the two raters. The two scorers, working independently, gave the exact same score when rating dimensions on an interview 92% of the time. This is an exceptionally high level of agreement and speaks to the effectiveness of the anchored rating scales in guiding appropriate assignment of scores.

It is part of the scoring protocol that after scoring independently, scorers meet to discuss their scores on each interview and agree on a final consensus score. We interviewed the scorers following this process and for nearly all of the 8% of the time they disagreed, it was because one scorer overlooked a statement in the interview that would have indicated a higher or lower level of readiness and that person subsequently altered their original score accordingly.

The inter-rater reliability is, in a sense, also evidence for validity of the measure in that it reflects that each of the two persons reading the transcript of the same interview, were able to extract information leading them to conclude that the community was at the same level of readiness. If the assessment scales were not well grounded in the theory, we would expect to see much more individual interpretation and much less agreement.