

The Strategic Prevention Framework

Supports Accountability, Capacity, and Effectiveness



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
www.samhsa.gov

**Building Organizational Capacity to Create
Community Change**

Developed and Presented by Paula Feathers, MA

KAMAMA CONSULTING

TRAINING OVERVIEW

Training Goal

For participants to leave the training with the knowledge needed to complete their capacity report, conduct community readiness assessments and SWOT analysis in their community(ies).

Training Description

This training will provide participants the opportunity to review the capacity plan that will be developed and submitted to the state. Participants will specifically focus on the tasks of community readiness and a SWOT analysis. Participants will leave with information to help them plan and implement both of these tasks.

Training Objectives

By the end of this training participants should be able to:

1. Provide 1 example of an activity that demonstrates cultural competence in each domain on the Cultural Competence matrix.
2. Identify 1 sustainability action area your organization needs to further develop and a brief explanation of why this should be strengthened.
3. Develop a definition of capacity building using Intervening Variables and Contributing Factors as a guide.
4. Develop a draft SWOT activity plan
5. Develop a draft community readiness assessment activity plan

Trainer Biography

Paula's professional career has been diverse ranging in everything from teaching in a high school to eventually owning her consulting business, Kamama Consulting. Kamama Consulting specializes in organizational development (strategic planning, organizational assessments, training, system development) with expertise in substance abuse prevention. Paula has spent a lot of time mastering facilitation and training including extensive training in: Facilitation, Instructional System Design, Training Evaluation, Training Materials Development, Project Management, and Strategic Planning. Ms. Feathers has worked with New Mexico, Georgia, Michigan, Nebraska, Nevada, Alaska, and the Little Traverse Bay Band of Odawa Indians to implement the Strategic Prevention Framework Grants. She is also the Project Director of a SPF TIG in New Mexico that funds 8 Tribal communities to implement the SPF. Paula loves to learn and thoroughly enjoys facilitating and training. Paula received her undergraduate University Studies degree (focusing on Native American Studies and Psychology) from the University of New Mexico in Albuquerque. Ms. Feathers received her master's degree in Administrative Leadership from the University of Oklahoma in Norman.

AGENDA

*Time	Topic
9:00	Welcome and Overview
9:15	Assessment
9:30	Review of Capacity Plan
10:00	Break
10:15	Cultural Competence
10:45	Sustainability
11:15	Develop a definition of capacity building
12:00-1:00	Lunch on your own
1:00	Strengths, Weaknesses, Opportunities, Threats (SWOT) Analysis
2:00-4:15	Community readiness assessment
2:15	Break
4:15	Wrap up and Evaluation

*Times are approximate. Schedule will be adjusted as needed.

CAPACITY ACTION PLAN

Directions: After attending the Capacity Building training, the next step will be to meet with your CPAW, particularly your Evaluation & Sustainability Work group, and prepare a Capacity Plan around the contributing factors (CF) and associated intervening variables (IV) identified in the Needs Assessment Phase. Please use the outline below to prepare your Capacity Building Plan. You may use table and/or text formatting and the length should be approximately 5 to 10 pages total. Please include your community readiness and SWOT analysis plan as part of your Capacity Building Action Plan.

I. Cultural Competency

1. Using the Cultural Competence Matrix as a guideline, please identify the following for each of the domains:
 - a) Focus area(s) your organization demonstrates cultural competence as well as lacking areas that need to be addressed
 - b) Critical or high benefit actions that will make the most difference in areas of focus
 - c) Responsible party (ies)
 - d) Necessary Resources
 - e) Key stakeholder

II. Sustainability

1. Utilizing the Sustainability Matrix, Identify 3 main areas of sustainability around which your organization will build capacity.
2. Does your organization have a Mission Statement? If yes, please include.
3. Does your organization have a Vision Statement? If yes, please include.

III. Contributing Factors and Associated Intervening Variables Capacity Building

To keep this a data driven process, capacity will be built around the Contributing Factors and associated Intervening Variables of the goal identified through the assessment process. It is important to remember that you would be building resources around Contributing Factors/Intervening Variables of the selected goal, not any specific organization. Using the information gathered during the Needs Assessment, particularly during Phase 4, provide the following:

- a. What are the community gaps identified around your selected goal and associated contributing factors and intervening variables?
- b. What are your possible strategies for addressing identified gaps?

CAPACITY ACTION PLAN

IV. SWOT Analysis: Strengths, Weaknesses, Opportunities, and Threats

Utilizing data and information collected throughout your Needs Assessment, particularly NA Phase 3, provide the following for each of the focus areas.

- I. Area of Focus: Organizational Prevention Infrastructure
 - A. Strengths
 - i. What assets and unique resources do your organization has?
 - B. Weakness
 - i. What areas do your organization needs to improve upon?
 - ii. What necessary expertise/manpower does your organization currently lack?
 - C. Opportunities
 - i. What external changes present interesting opportunities for your organization?
 - D. Threats
 - i. Which situations should your organization avoid?
 - ii. Does your organization frequent staff turnovers?
- II. Area of Focus: Existing Programs, Policies & Practices (PPP)
 - A. Strengths
 - i. What unique evidence-based PPP does your community (ies) of focus currently have in place?
 - B. Weaknesses
 - i. Is there any area of the existing PPP that needs to be enhanced?
 - C. Opportunities
 - i. What external resource opportunities could your organization benefit from in relationship to existing PPP?
 - D. Threats:
 - i. Are the existing PPP present any threat with regards to your alcohol prevention efforts?
- III. Area of Focus: Community Mobilization and Workforce Development
 - A. Strengths
 - i. What unique resources are available in your community (ies) of focus
 - ii. What unique expertise does your organization has to mobilize your efforts in community (ies) of focus?
 - B. Weaknesses
 - i. What expertise do your organization lacks or needs to reach out your target community (ies) and/or target population?
 - ii. What necessary manpower does your organization need to mobilize your prevention efforts?

CAPACITY ACTION PLAN

C. Opportunities

- i. What opportunities does your organization foresee in mobilizing resources in community (ies) of focus?

D. Threats:

- i. Which situations should your organization avoid when mobilizing resources and development workforce in community (ies) of focus?
- ii. Are key stakeholders and or community leaders involved in the process?
- iii. Do you foresee any resistance from key stakeholders and or community leaders

V. Community Readiness Assessment

Utilizing the guidance questions below and the information and tools used during your community readiness assessment, provide a brief summary of your findings.

- A. What were your findings with respect to the overall community readiness?
- B. What are your projected community mobilization methods around the community readiness assessment results?
- C. How are these efforts being documented?
- D. Are there gaps in these efforts? If yes, how are they being addressed?

CULTURAL COMPETENCE

Cultural Competency can be defined as “A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations,” from HRSA/DHHS Indicators of Cultural Competence in Health Care Delivery Organizations: An Organizational Cultural Competence Assessment Profile. Lewin Group, Inc., April 2002.)

A System Approach to Cultural Competence

Domain	Description	Focus Areas
Organizational Values	An organization’s perspective and attitudes regarding the worth and importance of cultural competence, and its commitment to providing culturally competent services.	<ul style="list-style-type: none"> • Leadership, investment and documentation • Information/data relevant to cultural competence • Organizational flexibility • Evaluation
Governance	The goal-setting, policy-making, and other oversight vehicles an organization uses to help ensure the delivery of culturally competence “services”.	<ul style="list-style-type: none"> • Community involvement and accountability • Board development • Policies
Planning and Monitoring/Evaluation:	The mechanisms and processes used for: a) long and short-term policy, programmatic, and operational cultural competence planning that is informed by external and internal consumer; and b) the systems and activities needed to proactively track and assess an organization’s level of cultural competence.	<ul style="list-style-type: none"> • Client, community and staff Input • Plans and implementation • Collection and use of cultural competence-related information/data

CULTURAL COMPETENCE

Domain	Description	Focus Areas
Communication	The exchange of information between the organization/ providers and the clients/ population, and internally among staff, in ways that promote cultural competence.	<ul style="list-style-type: none"> • Understanding of different communication needs and styles of service population • Culturally competence oral communication • Cultural competence written/other communication • Communication with community • Intra-organizational communication
Staff Development	An organization's efforts to ensure staff and other service providers have the requisite attitudes, knowledge and skills for delivering culturally competent services.	<ul style="list-style-type: none"> • Training commitment • Training content • Staff performance
Organizational Infrastructure	The organizational resources required to deliver or facilitate delivery of culturally competent services.	<ul style="list-style-type: none"> • Financial/budgetary • Staffing • Technology • Physical facility/ environment • Linkages
Services/ Interventions	An organization's delivery or facilitation of evidenced-based prevention services in a culturally competent manner.	<ul style="list-style-type: none"> • Community/population input • Needs assessment • Program planning • Program, practice, intervention, strategy, policy Selection • Evaluation

CULTURAL COMPETENCE



Notes

A large, light blue rounded rectangular area intended for taking notes, occupying the upper half of the page. The area is mostly blank, with the word "Notes" written at the top center.

Key 1 Organizational Capacity

The agencies, organizations and institutions delivering the strategies must have the structures and capacity necessary to carry out administrative functions related to effective implementation and oversight of the strategies designed to achieve the targeted behavior changes.

Action 1: Develop Administrative Structures and Formal Linkages	
Actions	Examples
ADMINISTRATIVE STRUCTURES	
Prevention is considered critical to carry out the organization's mission	
Included in the agency's organizational chart	
Have adequate time devoted to prevention efforts	
Administrative Functions	
Effective staff management	
Sound fiscal management	
Implementation oversight	
Data collection and reporting	
FORMAL LINKAGES	
Cooperation among diverse organizational units needed to support and sustain outcomes	
Collaboration among diverse community agencies needed to sustain community prevention efforts	
Action 2: Adopt Supportive Policies and Procedures	
A standard decision making process based on needs assessment and evaluation data.	
Linkage agreements with other agencies to formalize roles and responsibilities that support data sharing, joint planning, and collaborative implementation to achieve population level outcomes.	• MOAs
Orientation manual for members of the agency's board of directors and new staff that describe the role of the agency and staff in support of the prevention effort.	
Ongoing education and skill enhancement for staff.	
Support of flexible hours for staff who primarily work with the coalition so that they can fully participate in prevention efforts.	
Funding: Continuous and diverse funding streams that support intended outcomes.	

SUSTAINABILITY

<p>Staffing:</p> <ul style="list-style-type: none"> • Organizational and contracting • Management • Implementation • Information systems/technology 	<ul style="list-style-type: none"> • Administrative functions • Communication • Analytical functions 	
<p>Computer and other technology:</p> <ul style="list-style-type: none"> • High speed internet access • Needs assessment and evaluation data collection software • Data storage capacity • Data analysis capacity • Data reporting software • Data presentation software • Communication capacity among partners and stakeholders (telephone, fax, e-mail, conference calls, etc.) 		
<p>Workspace:</p> <ul style="list-style-type: none"> • Designated physical space for staff • Designated physical space for activities • Informational resources (journal subscriptions, training material, books relating to activities) maintained and housed. 		
Action 3: Secure Diverse Resources		
Actions		Examples
Partnerships with other member agencies and organizations		
In-kind contributions from colleges/universities, community agencies, and individuals who are not coalition members		
Short-term external grants or contracts with consultant entities to provide specific technical assistance and support		
Action 4: Acquire Appropriate Expertise		
Knowledge of assessment, logic model construction, selection and implementation of evidence-based prevention program, practices, and policies, and staging intervention components.		
Knowledge of data collection methods and interpretation		
Knowledge of effective prevention strategies to meet the needs of the target population.		
Skills to implement strategies with fidelity and to make needed adaptations.		
Knowledge of process evaluation and outcome evaluation methods and using this information to inform strategy planning.		

Communication and data presentation skills	
Leadership skills	
Fundraising expertise	• Helps avoid funding from a single funding source

Key 2: Assure Effectiveness and Alignment of the Prevention System

In order to reduce substance use related problems in the community, each component of the prevention system has different roles and responsibilities. Agencies and organizations are responsible for identifying evidence based strategies that target Intervening Variables/Contributing Factors that lead to these problems and for ensuring that they are appropriately implemented and can demonstrate outcomes.

Action 5: Assess Implementation Quality for Effectiveness of Each Strategy	
Actions	Examples
QUALITY IMPLEMENTATION	
Assure that the strategy matches the cultural, developmental, and gender characteristics of the population	
Receive training or technical assistance to support appropriate implementation of the intervention	
Work with the developer of the program or the evaluator to understand the core or most important components or elements that are most responsible for demonstrated outcomes	
Assess the need for any adaptations to the strategy, especially the core components, in order to meet the particular needs of the target population	
Seek input from the program developer about the planned adaptations to assure they would be consistent with the program's core components	
Plan carefully any necessary adaptations to target population, program content or materials, delivery setting or timeframe to assure integrity of implementation.	
Seek to deliver the program's core components with fidelity whenever possible	
Track implementation through process evaluation as well as all planned and unanticipated adaptations to inform outcome evaluation findings	

SUSTAINABILITY

Utilize process evaluation data to inform and strengthen implementation when outcome evaluation did not reveal desired program results	
Action 6: Assure Effectiveness of Each Strategy	
Actions	Examples
Work with an evaluator to develop an evaluation design that will answer questions not only about whether the intervention is effective, but also how any adaptations may affect the intervention's expected outcomes	
Incorporate key stakeholders' concerns into the evaluation design to assure that the outcomes assessed and the evaluation report will answer their questions and concerns	
Use outcome evaluation to continue, adapt, or change strategies	
Action 7: Assess Reach and Alignment of Effective Strategies	
Actions	Examples
Develop a theory of change and a logic model that identify the strategies currently implemented, their measured or expected outcomes, and their relationship to the targeted long-term behavior change and related community problems	
All members providing prevention services are able to explain in simple, understandable terms how the strategies in the strategic plan work to accomplish intended results (theory of change)	<ul style="list-style-type: none"> • Logic model
Conduct a gaps analysis to ensure there are effective strategies will logically work together to result in long-term behavior change among the population targeted	
Ensure current strategies collectively reach the target population. If not, consider expanding effective strategies or relying on strategies with greater population reach	
Develop a coordinated plan to bridge gaps in effectiveness, quality, reach, and comprehensiveness of strategies in order to maximize likelihood of achieving long-term behavior changes among the target population	

Key 3: Community Support

The problems and conditions needing to be addressed are complex and require a similarly complex response. Fostering positive relationships among those who have a stake in sustaining the initial outcomes of a preventive intervention can help to increase their interest and commitment.

Community agencies and organizations, working through a coalition, must cultivate broader community support in order to sustain outcomes as they are achieved and reduce substance use and related community problems. Key stakeholders must see themselves as stewards of the community's health and well-being whose success depends on their collective effectiveness. This collectively responsibility requires trusting relationships among all the stakeholders and a willingness to work strategically together.

Action 8: Develop and Nurture Positive Relationships	
Actions	Examples
Community agencies and organizations, working through the coalition, cultivate broader community support in order to sustain outcomes as they are achieved and reduce substance abuse and related community problems	
Key stakeholders see themselves as stewards of the community's health and well-being whose success depends on their collective effectiveness	
There are trusting relationships among all the stakeholders and a willingness to work strategically together	
The formation of a coalition to address specific substance abuse problems at the community level	
Coalitions work through an informed, data driven, objective process to determine the most effective direction, strategies, and allocation of resources to achieve identified substance use reduction outcomes	
Cultivating champions for prevention strategies which can influence population level changes in substance use behaviors and consequences	<ul style="list-style-type: none"> • Policy change • Enforcement
Build awareness of the importance of prevention in meeting short-term outcomes and its contribution to an overall comprehensive strategy	
Facilitating active involvement of key stakeholders in the planning, decision-making, implementation of the intervention, and review of evaluation results to increase interest and commitment	

SUSTAINABILITY

Communicate with key stakeholders through a variety of means (meetings, newsletters, presentations, newspaper articles, etc.) that celebrate key success stories and connect positive outcomes of the prevention system to identified needs of the community	
Seek advice, feedback, and assistance from peers, program developers, and others who have created and sustained successful coalitions that demonstrate changes in policies and reduction in problems related to substance use	
Action 9: Turn Stakeholders into System Leaders and Champions	
Actions	Examples
Prevention leaders view themselves as stewards of not only the prevention system and its strategies, but also its outcomes	
Prevention leaders prioritize the effectiveness of the system in their strategic and day-to-day actions as they guide the prevention work of community agencies, organizations and institutions	
The Coalition views itself as a prevention leader, advocating for policies and actions throughout the community that support long-term strategic outcomes of reductions in community problems related to substance use	
Identify the needs of influential stakeholders within organizations that are implementing effective strategies and in the broader community	
Assess how well strategies are meeting the needs of influential stakeholders	
Communicate to targeted influential stakeholders how sustaining outcomes of effective strategies can meet their needs	
Action 10: Encourage Ownership of the Prevention System	
Actions	Examples
Creativity is used to demonstrate and communicate the extent of the problems in the community related to substance use	
Awareness among influential audiences such as the business community and civic leaders of the costs of problems related to substance use to the community and the savings realized by effective prevention	
The importance of using data to make strategic decisions about resource allocation and strategy selection in order to accomplish population level changes is communicated	
Support for the importance of using a public health approach to achieve population-level change is built throughout the community	

SUSTAINABILITY

Identify and target key influential stakeholders (individuals or groups) in the community whose ownership of the prevention system is critical to its sustainability	
Develop a communication plan that uses appropriate messages and communicate modes to strategically target stakeholders	
Assess ownership among system stakeholders	
Involve key decision-makers in the implementation process	
Communicate regularly with key stakeholders about efforts of the coalition to strengthen the prevention system and the resulting impacts on substance abuse behaviors and consequences	

Sustainability Section (pg. 9-15) Source: Hays, C., Center, H., Mawn, D.G., Danahar, D., Carlton, C..(n.d.)
The Keys to Sustainability. Southeast Center of Prevention Technologies.

Notes

INTERVENING VARIABLES AND CONTRIBUTING FACTORS

A system is:

- ✿ Any organized assembly of resources and procedures united and regulated by interaction or interdependence to accomplish a set of specific functions.
- ✿ A collection of personnel, equipment, and methods organized to accomplish a set of specific functions.

Capacity building is:

- ✿ Training
- ✿ Committed Staff
- ✿ Convening key stakeholders, coalitions, and service providers to plan and implement sustainable prevention efforts
- ✿ Mobilization of resources within a geographic area
- ✿ Financial and organizational resources
- ✿ Supportive leadership
- ✿ Forming partnerships
- ✿ Face to face meetings
- ✿ Town Hall meetings
- ✿ Parent workshops
- ✿ Collective activism
- ✿ Individual activism

Capacity and the CPAW

The following areas are examples of how capacity can be built in the CPAW:

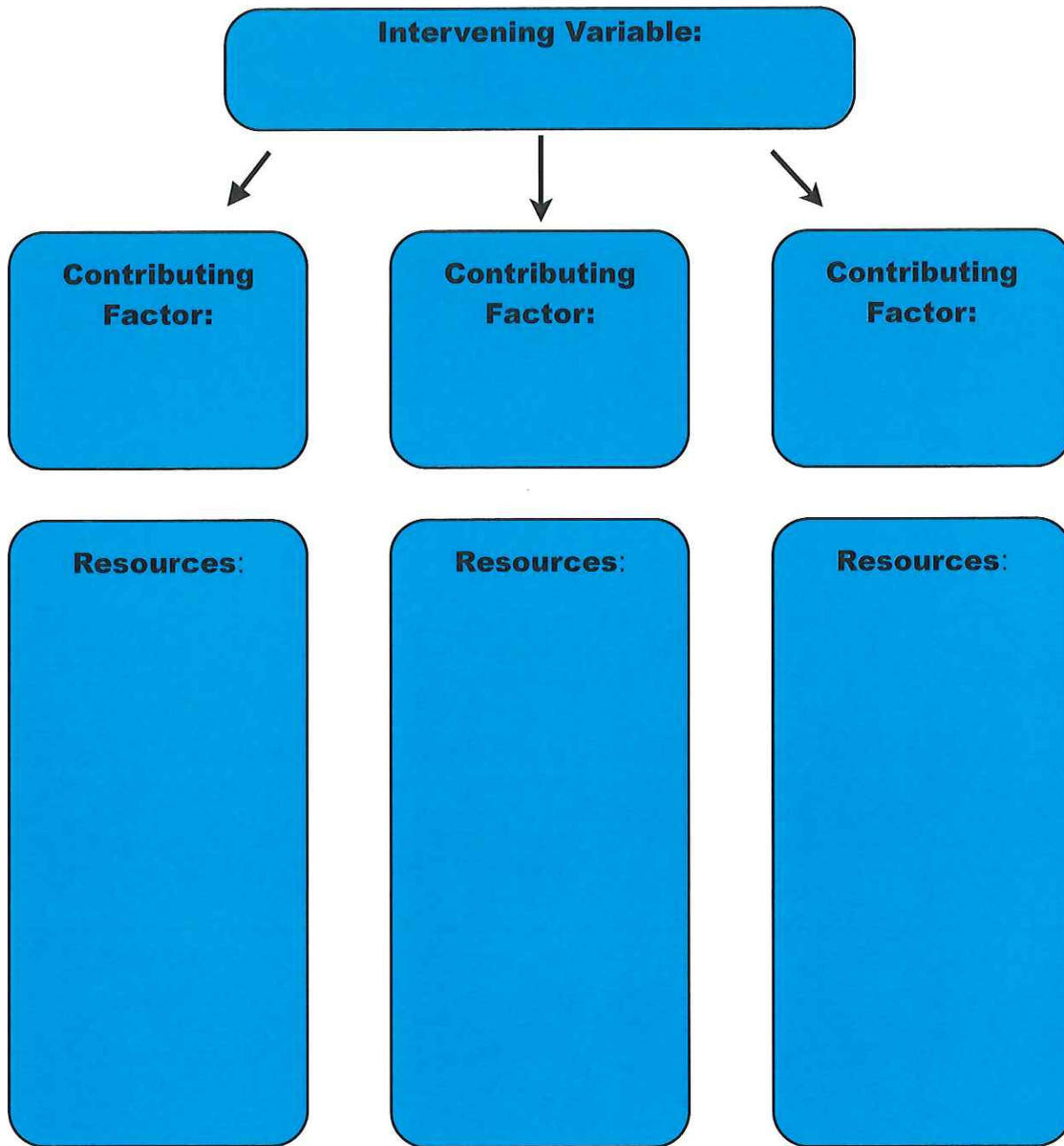
- ✿ Leadership
- ✿ Decision-making
- ✿ Prevention knowledge and skills
- ✿ Data collection and analysis
- ✿ Roles and responsibilities
- ✿ Expanding key stakeholders/partners
- ✿ Cultural competence policies
- ✿ Contract management
- ✿ Acquiring in kind resources
- ✿ Office space
- ✿ Meeting space
- ✿ Equipment

INTERVENING VARIABLES AND CONTRIBUTING FACTORS

What Capacity Does Your Organization Have Right Now?

Directions: List the resources, both internal and external, you have identified that directly benefit the Contributing Factors for this Intervening Variable.

Goal:



INTERVENING VARIABLES AND CONTRIBUTING FACTORS

Directions: List the resources, both internal and external, you have identified that directly benefit the Contributing Factors for this Intervening Variable. (Use the model on the previous page as a guide)

INTERVENING VARIABLES AND CONTRIBUTING FACTORS

Capacity Gaps

Part of your capacity action plan asks you to identify the community gaps around your selected goal and associated contributing factors and intervening variables and possible strategies for addressing the identified gaps. This table is a way to organize gaps and strategies. You could use this at the same time you are identifying resources as described on page 17 and 18.

Intervening Variable/ Contributing Factor	Capacity Gap	Possible Resources	Strategies to address gap
Retail Availability: Compliance with minimum drinking age	Don't know how to increase compliance checks	<ul style="list-style-type: none"> • Police • Underage compliance operations 	<ul style="list-style-type: none"> • Meetings with Police • Work with special agent to identify what is needed to conduct compliance checks

SWOT ANALYSIS

*SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis

Introduction

When working to create community change there will be opposition. If opposition is not acknowledged it can significantly impact your community organizing and mobilization efforts. A SWOT analysis helps us to examine opposition both inside and outside of our organization and the efforts we are taking to create community change. This analysis can help us to plan and act effectively.

What is a SWOT analysis?

A SWOT analysis guides you to identify the positives and negatives inside your organization (S-W) and outside of it, in the external environment (O-T). Developing a full awareness of your situation can help with both strategic planning and decision-making. It is a good tool to use because of its simplicity and the information received from it applies to a variety of levels of operation.

SWOT Matrix

A matrix is used to help organize the analysis. The matrix makes it possible to view the different factors and can be used in planning.

Internal Examples of Internal factors: Human resources Physical resources Financial resources Activities and processes Past experiences		External Examples of External factors: Future trends - in your field The economy Funding sources (foundations, donors, legislatures) Demographics The physical environment Legislation Local and national events	
Strengths	Weakness	Opportunities	Threats

*Source: This section (p. 20-27) was directly from, and in some sections adapted from: Renault. V. (n.d.) The Community Tool Box. http://ctb.ku.edu/en/tablecontents/sub_section_tools_1049.aspx

How to Develop and Use a SWOT analysis

1. *Design your meeting to fill in the SWOT matrix.

Considerations:

- A SWOT analysis is often created during a retreat or planning session that allows several hours for both brainstorming and more structured analysis.
- The best results come when participants are encouraged to have an open attitude about possibilities.
- The tone when creating a SWOT analysis is usually collaborative and inclusive.
- When creating the analysis, all people involved are asked to pool their individual and shared knowledge and experiences. The more relaxed, friendly and constructive the setting and environment, the more truthful, comprehensive, insightful and useful your analysis will be.

**Please see the checklist for conducting a SWOT analysis*

2. A diverse group of stakeholders have been involved in creating the SWOT analysis.

Considerations:

- The most common users of a SWOT analysis are team members and project managers who are responsible for decision-making and strategic planning.
- An individual or small group can develop a SWOT analysis, but it will be more effective if you take advantage of many stakeholders. Each person or group offers a different perspective on the strengths and weaknesses of your program and has different experiences of both.
- A staff member, or volunteer or stakeholder may have information about an opportunity or threat that is essential to understanding your position and determining your future.

SWOT ANALYSIS

How to Develop and Use a SWOT analysis continued...

3. You conducted the SWOT analysis meeting and generated a list of internal strengths and weaknesses and external opportunities and threats.

Considerations:

- Cast a wide net for the external part of the assessment. No organization, group, program, or neighborhood is immune to outside events and forces. Consider your connectedness.
- Programs to improve the health and well-being of individuals and communities could overlap in services with other agencies that you need to consider. Or perhaps preferences for funding aren't favoring you – you're interested in prevention, but treatment is getting all the resources.
- Threats to your effort could include your target population's time and attention exists in the competing unhealthy habit (drinking), or in a societal force like alcohol advertising.

4. All points of views were considered when completing the SWOT factors.

Considerations:

- Although the strengths and weakness of your organization are your internal qualities, don't overlook the perspective of people outside your group. Identify strengths and weaknesses from both your own point of view and that of others--those you serve or deal with. Do others see problems--or assets--that you don't?

How to Develop and Use a SWOT analysis continued...

5. Use your SWOT analysis as a tool to discover or confirm areas for action and improvement.

Considerations:



6. Use your SWOT analysis to develop strategies for change.

Considerations:



SWOT ANALYSIS

Checklist for conducting a SWOT analysis

Here is some general guidance to assist you in conducting your SWOT.

- 1 Identify a facilitator who has good listening and group process skills, and who can keep things moving and on track for the meeting.
- 2 Designate a recorder if your group is large. Use newsprint on a flip chart or a large board to record the analysis and discussion points.
- 3 Introduce the SWOT method and its purpose in your organization. You may want to discuss how this ties to the SPF process you are undertaking.
- 4 Divide your stakeholders into smaller groups (of three to 10, depending on your size-if the size gets much larger, some members may not participate.). Mix the small groups to get a range of perspectives, and give people a chance to introduce themselves.
- 5 Direct each group to designate a recorder, and provide each with newsprint or dry-erase board. Instruct them to create a SWOT analysis using the matrix format or a page for each quality. You may want to have the information from Appendix F, G, and H plugged into the matrix for discussion or the appropriate SWOT from them listed on newsprint for reference.

Tips for listing:

- As you list, keep in mind that the way to have a good idea is to have lots of ideas. Refinement can come later. In this way, the SWOT analysis also supports valuable discussion within your group or organization as you honestly assess.
 - In the beginning it helps to generate lots of comments about your organization and your program, and even to put them in multiple categories if that provokes thought.
 - In the end, it is best to limit your lists to 10 or fewer points and to be specific so the analysis can be truly helpful.
- 6 Give the groups 20-30 minutes to brainstorm and fill out their own strengths, weakness, opportunities and threats chart for your organization.
 - 7 Reconvene the group to share results, recording on the flip-chart or board. Collect and organize the differing groups' ideas and perceptions by asking for results from one group at a time or by opening the floor to all groups. Use one of the following orders to record results:
 - S-W-O-T order, recording strengths first, weaknesses second, etc.
 - Top priority order for each category -the strongest strength, most dangerous weakness, biggest opportunity, worst threat.

SWOT ANALYSIS

- 10 Discuss insights, repeated items, and cross connections between categories
-"This strength plays into that opportunity
- 11 Use the results to support your purpose for the meeting:
 - Come to some consensus about most important items in each category.
 - Relate the analysis to your vision, mission, and goals.
 - Translate the analysis to action plans and strategies.
- 12 Prepare a written summary of the SWOT analysis for the capacity report and for participants to use in planning and implementing your effort.

SWOT ANALYSIS

Guiding Questions for Each Factor of the SWOT

Here are the questions you will be required to submit in your capacity action plan.

Internal		External	
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> • What assets and unique resources does our organization has? • What unique evidence-based PPP does our community (ies) of focus currently have in place? • What unique resources are available in our community (ies) of focus • What unique expertise does our organization have to mobilize our efforts in community (ies) of focus? 	<ul style="list-style-type: none"> • What areas do our organization needs to improve upon? • What necessary expertise/ manpower does our organization currently lack? • Is there any area of the existing PPP that needs to be enhanced? • What expertise does our organization lacks or needs to reach out your target community (ies) and/or target population? • What necessary manpower does our organization need to mobilize our prevention efforts? 	<ul style="list-style-type: none"> • What external changes present interesting opportunities for our organization? • What external resource opportunities could our organization benefit from in relationship to existing PPP? • What opportunities does our organization foresee in mobilizing resources in community (ies) of focus? 	<ul style="list-style-type: none"> • Which situations should our organization avoid? • Does our organization frequent staff turnovers? • Are the existing PPP present any threat with regards to our alcohol prevention efforts? • Which situations should our organization avoid when mobilizing resources and development workforce in community (ies) of focus? • Are key stakeholders and or community leaders involved in the process? • Do we foresee any resistance from key stakeholders and or community leaders?

SWOT ANALYSIS

Here are the sample questions you could also use in your SWOT. THEY ARE NOT REQUIRED, rather provided to give guidance to what else you could ask about if you wanted to.

Internal		External	
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> • What are our advantages, in terms of people, physical resources, finances? • What do you do well? • What activities or processes have met with success? 	<ul style="list-style-type: none"> • What could be improved our organization in terms of staffing, physical resources, funding? • What activities and processes lack effectiveness or are poorly done? 	<ul style="list-style-type: none"> • What possibilities exist to support or help our effort-- in the environment, the people we serve, or the people who conduct our work? • What local, national or international trends draw interest to your program? • Is a social change or demographic pattern favorable to your goal? • Is a new funding source available? • Have changes in policies made something easier? • Do changes in technology hold new promise? 	<ul style="list-style-type: none"> • What obstacles do you face that hinder the effort-in the environment, the people you serve, or the people who conduct your work? • What local and national trends favor interest in other or competing programs? • Is a social change or demographic pattern harmful to your goal? • Is the financial situation of a major funder changing? • Have changes in policies made something more difficult? • Is changing technology threatening your effectiveness?

Community Readiness:

A Handbook for Successful Change

- ♦ Assessing community readiness for change
 - ♦ Increasing community capacity
- ♦ Creating a climate that makes change possible

Barbara A. Plested
Ruth W. Edwards
Pamela Jumper-Thurman



TRI-ETHNIC CENTER
FOR PREVENTION RESEARCH





**"Never doubt that a small group
of thoughtful, committed citizens can change the
world; indeed, it's the only thing that ever has."**

~ Margaret Mead ~

Barbara A. Plested, Ph.D.
Ruth W. Edwards, Ph.D.
Pamela Jumper-Thurman, Ph.D.

Tri-Ethnic Center for Prevention Research
Sage Hall, Colorado State University
Fort Collins, CO 80523-1879
(970) 491-7902/Fax (970) 491-0527
Toll-free (800) 835-8091
www.TriEthnicCenter.ColoState.edu

August 2004

TABLE OF CONTENTS

Acknowledgments	1
What is the Community Readiness Model?	3
What Does "Readiness" Mean?	3
Why Use the Community Readiness Model?	4
What Should NOT be Expected from the Model?	4
Process for Using the Community Readiness Model	5
Step-by-Step Guide to Doing an Assessment	6
Dimensions of Readiness	7
Stages of Community Readiness	8
How to Conduct a Community Readiness Assessment	10
Community Readiness Assessment Interview Questions	12
Scoring Community Readiness Interviews	15
Community Readiness Assessment Scoring Sheet	17
Anchored Rating Scales for Scoring Each Dimension	19
Using the Assessment to Develop Strategies	25
Goals and General Strategies Appropriate for Each Stage	26
Form for Recording Community Strengths, Concerns & Resources	29
Form for Recording Community Action Plan	31
Important Points About Using the Model	34
Converging of Issues as the Community Progresses	36
How Have Other Communities Used the Model?	37
Ways the Community Readiness Model Can Be Used	41
Learning More About the Community Readiness Model	43
Bibliography	44
About the Authors	46

Acknowledgments

This Community Readiness Handbook was prepared in response to the many requests from the field for an easy-to-use guide. In the pages that follow, the key concepts of the model are described in a practical, step-by-step manner. The purpose is to assist communities or researchers who want to use the model to assist in understanding communities and to develop effective, culturally-appropriate, and community-specific strategies for prevention and intervention. It is our hope that this handbook will facilitate those efforts in working toward healthier communities.

The Community Readiness Model represents a true partnership between prevention science and community experience. We are extremely fortunate to have shared the successful journey toward community change with many communities throughout the world. Some of those who have been instrumental in the development of key aspects of the model and the theory behind it, and/or have been key supporters in its development and use include:

Eugene Oetting	Kathleen Kelly	Zili Sloboda
Elizabeth Robertson	Fred Beauvais	Joe Donnermeyer
Michael Slater	Mary Ann Pentz	Sara Jo Nixon

We acknowledge the major contribution of the National Institute on Drug Abuse in supporting technical assistance to communities, and testing and refinement of the model under Center Grant No. P50 DA07074, and through additional projects and grants. Other agencies that have provided support for applications of the model to address major social problems include the Centers for Disease Control and Prevention, the National Institute of Justice, and the Office of Juvenile Justice and Delinquency Prevention.

We are very grateful to the entire staff of the Tri-Ethnic Center for supporting our work with professionalism and zeal. In particular, the following individuals have contributed to the dissemination of the model by working directly with communities, conducting trainings, and helping develop materials.

Heather Helm	Roe Bubar	Irene Vernon
Robert Foley	Martha Burnside	Nori Comello
Pamela LeMaster		

From the front lines of community advocacy and service provision, we acknowledge the many people over the years who have helped field-test the model and who have shared their insights. Among those who have contributed in this way are:

Donna Briones	Deanna Chancellor	Sandra Stroud
Gail Wood	Geraldo Rivera	Jim Lewis
Elizabeth "Cookie" Rose	Diane Galloway	Marilyn Patton
Susie Markus	Korin Schmidt	Dolores Jimerson
Diane Ogilvie	Ted Jones	Elizabeth Lopez
Angela Moore-Parmlee	Randy Madigan	Teresa Cain
Anna Huntington-Kriska	Agnes Sweetsir	Robin Erz
Hope Taft	Jill Erickson	Willie Wolf

....and many more

Finally, we acknowledge those who choose to read this manual - community members and researchers who share our vision for healthier communities through positive change. You are our inspiration and our best teachers!

Thank you.

Barbara A. Pleded
Ruth W. Edwards
Pamela Jumper-Thurman

What is the Community Readiness Model?

The Community Readiness Model:

- Is a model for community change that integrates a community's culture, resources, and *level of readiness* to more effectively address an issue.
- Allows communities to define issues and strategies in their own contexts.
- Builds cooperation among systems and individuals.
- Increases community capacity for prevention and intervention.
- Encourages and enhances community investment in an issue.
- Can be applied in any community (geographic, issue-based, organizational, etc.).
- Can be used to address a wide range of issues.
- Is a guide to the complex process of community change.

What Does "Readiness" Mean?

Readiness is the degree to which a community is prepared to take action on an issue. Readiness...

- Is very issue-specific.
- Is measurable.
- Is measurable across multiple dimensions.
- May vary across dimensions.
- May vary across different segments of a community.
- Can be increased successfully.
- Is essential knowledge for the development of strategies and interventions.

Matching an intervention to a community's level of readiness is absolutely essential for success. Interventions must be challenging enough to move a community forward in its level of readiness. However, efforts that are too ambitious are likely to fail because community members will not be ready or able to respond. To maximize chances for success, the Community Readiness Model offers tools to measure readiness and to develop stage-appropriate strategies.

Why Use the Community Readiness Model?

- It conserves valuable resources (time, money, etc.) by guiding the selection of strategies that are most likely to be successful.
- It is an efficient, inexpensive, and easy-to-use tool.
- It promotes community ownership of the issue.
- Because of strong community ownership, it helps to ensure that strategies are culturally congruent and sustainable.
- It encourages the use of *local* experts and resources instead of reliance on outside experts and resources.
- The process of community change can be complex and challenging, but the model breaks down the process into a series of manageable steps.
- It creates a community vision for healthy change.

What Should NOT be Expected from the Model?

- The model can't make people do things they don't believe in.
- Although the model is a useful diagnostic tool, it doesn't prescribe the details of exactly what to do to meet your goals. The model defines types of strategies appropriate to each stage of readiness. Each community must then determine specific strategies consistent with their community's culture and level of readiness for each dimension.

Next is a brief overview of how the Community Readiness Model may be applied to address an issue in your community.

Process for Using the Community Readiness Model

Identify Your Issue

→ Define "Community"

→ Conduct Key Respondent Interviews

→ Score to Determine Readiness Level

→ Develop Strategies/Conduct Workshops

→ **COMMUNITY CHANGE!**

Step by Step Guide to Doing an Assessment

- **Step 1:** *Identify your issue.*
- **Step 2:** *Define "community" with respect to the issue. This may be a geographical area, a group within that area, an organization or any other type of identifiable "community."*
- **Step 3:** *To determine your community's level of readiness to address the issue, conduct a Community Readiness Assessment using key respondent interviews. This process is described further starting on page 10.*
- **Step 4:** *Score the results of the assessment to determine readiness level (see pages 15-24).*
- **Step 5:** *Develop strategies to pursue that are stage-appropriate. For example, at low levels of readiness, the intensity of the intervention must be more low key and personal. See pages 25-28 for general types of strategies that are appropriate for each stage of readiness.*
- **Step 6:** *After a period of time, evaluate the effectiveness of your efforts. You can conduct another assessment to see how your community has progressed.*
- **Step 7:** *As your community's level of preparedness to address an issue increases, you may find it necessary to begin to address closely related issues. Utilize what you've learned to apply the model to another issue.*

In the following sections, the foundational concepts of the Community Readiness Model are defined. These are the *dimensions* and *stages* of readiness.

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?

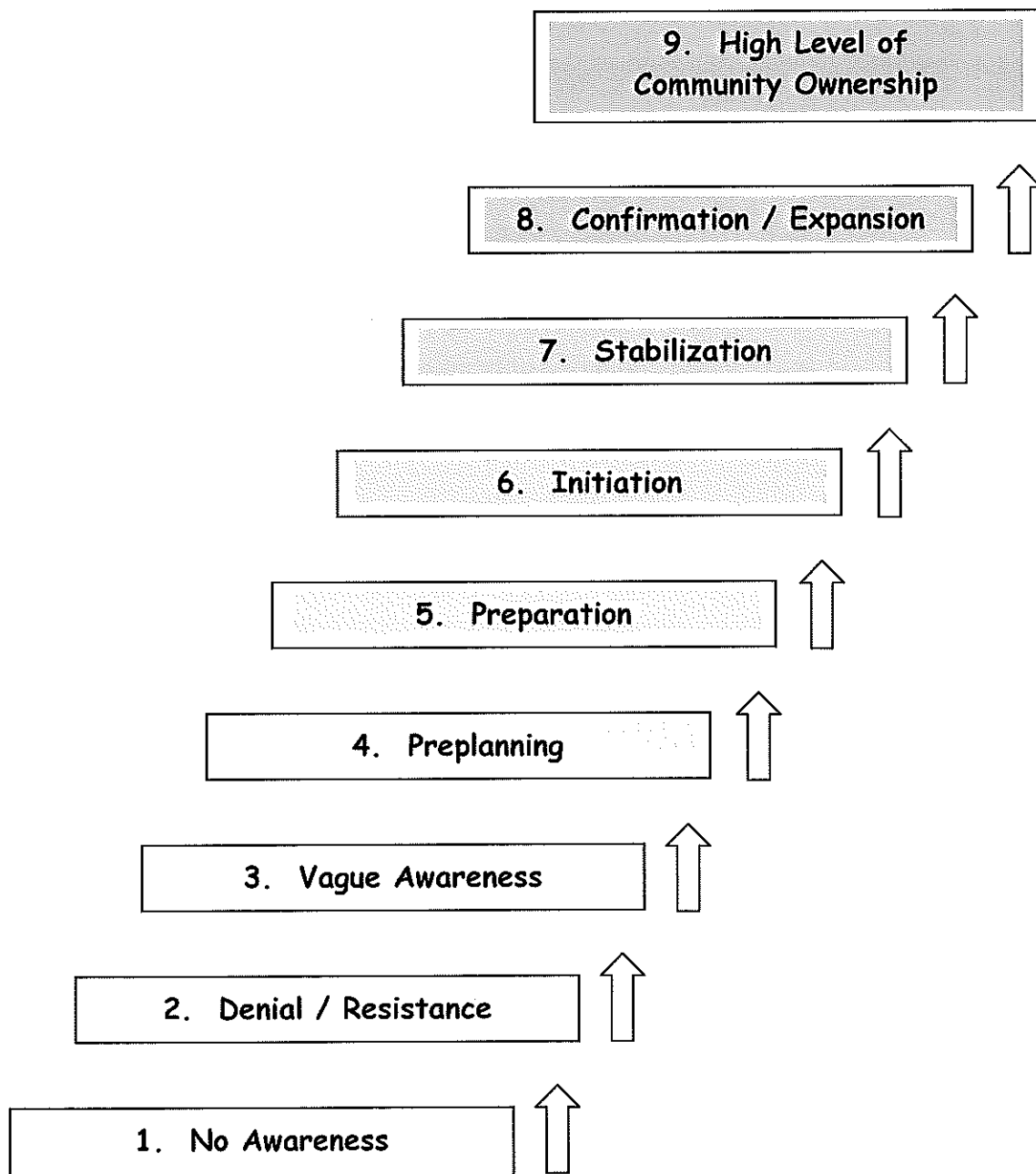
- D. **Community Climate**: What is the prevailing attitude of the community toward the issue? Is it one of helplessness or one of responsibility and empowerment?

- E. **Community Knowledge about the Issue**: To what extent do community members know about the causes of the problem, consequences, and local implications?

- 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.

Next, each of the nine stages of readiness in the Community Readiness Model is defined.



Stages of Community 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 problem, but there is little recognition that it might be a local problem.
3. Vague Awareness	Most feel that there is a local problem, 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 committee. 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	Standard 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.

How to Conduct a Community Readiness Assessment

Conducting a Community Readiness Assessment is the key to determining your community's readiness by dimension and by overall stage. To perform a complete assessment, you will be asking individuals in your community the questions on the following pages. There are 35 questions, and each interview should take 30-60 minutes. Before you begin, please review the following guidelines:

- Identify four to six individuals in your community who are connected to the issue. Try to find people who represent different segments of your community. Depending on the issue, individuals may represent
 - Schools
 - City/county/tribal government
 - Law enforcement
 - Health & medical professions
 - Social services
 - Mental health & treatment services
 - Clergy or spiritual community
 - Community at large
 - Youth

- Read through the questions on the following pages and adapt as needed depending on your issue. The questions we provide here are generic and you will need to tailor the questions to your issue. When adapting questions, keep the following in mind:
 - The questions are closely tied to the scoring process, so adapting them must be done carefully so that the core meaning of the question is retained. In most cases, you can substitute your issue for "this issue." For example, if your issue is domestic violence, Question 2 would be revised to read "What efforts are present in your community to address domestic violence?"

- However, if a question is clearly irrelevant to your issue, you may need to drop the question unless it is in bold print. Those questions in bold print are essential for scoring. You may also want to add other questions that are more specific to your issue. If you want to add questions, add them to the end to avoid confusion when scoring.
 - Have two people adapt the questions independently and then meet to arrive at consensus on the adaptation.
 - If translating questions from English into another language, ask a person who is very familiar with the language and culture to translate. Then, have the translated version "back-translated" into English by another person to ensure that the original content of the questions was captured.
 - Pilot test your adapted questions to make sure they are easy to understand and that they elicit the necessary information for scoring each dimension.
- Contact the people you have identified and see if they would be willing to discuss the issue. Remember, each interview will take 30-60 minutes.
 - Conduct your interviews.
 - Avoid discussion, but ask for clarification when needed and use prompts as designated.
 - Record or write responses as they are given. Try not to add your own interpretation or try to second guess what the interviewee meant.
 - After you have conducted the interviews, follow the directions for scoring on pages 15-24.

On the following pages, you'll find the questions for all six dimensions that you'll need to ask (and adapt, if necessary) for the Community Readiness Assessment.

Community Readiness Assessment Interview Questions

A. COMMUNITY EFFORTS (programs, activities, policies, etc.)

B. COMMUNITY KNOWLEDGE OF EFFORTS

1. Using a scale from 1-10, how much of a concern is this issue in your community (with 1 being "not at all" and 10 being "a very great concern")? Please explain. *(NOTE: this figure between one and ten is NOT figured into your scoring of this dimension in any way - it is only to provide a reference point.)*
2. Please describe the efforts that are available in your community to address this issue.
3. How long have these efforts been going on in your community?
4. Using a scale from 1-10, how aware are people in your community of these efforts (with 1 being "no awareness" and 10 being "very aware")? Please explain. *(NOTE: this figure between one and ten is NOT figured into your scoring of this dimension in any way - it is only to provide a reference point.)*
5. What are the strengths of these efforts?
6. What are the weaknesses of these efforts?
7. Who do these programs serve? (Prompt: For example, individuals of a certain age group, ethnicity, etc.)
8. Would there be any segments of the community for which these efforts/services may appear inaccessible? (Prompt: For example, individuals of a certain age group, ethnicity, income level, geographic region, etc.)
9. Is there a need to expand these efforts/services? If not, why not?
10. Is there any planning for efforts/services going on in your community surrounding this issue? If yes, please explain.
11. What formal or informal policies, practices and laws related to this issue are in place in your community, and for how long? (Prompt: An example of "formal" would be established policies of schools, police, or courts. An example of "informal" would be similar to the police not responding to calls from a particular part of town, etc.)
12. Are there segments of the community for which these policies, practices and laws may not apply? (Prompt: For example, due to socioeconomic status, ethnicity, age, etc.)
13. Is there a need to expand these policies, practices and laws? If so, are there plans to expand them? Please explain.
14. How does the community view these policies, practices and laws?

C. LEADERSHIP

15. Who are the "leaders" specific to this issue in your community?
16. Using a scale from 1 to 10, how much of a concern is this issue to the leadership in your community (with 1 being "not at all" and 10 being "of great concern")? Please explain. *(NOTE: this figure between one and ten is NOT figured into your scoring of this dimension in any way - it is only to provide a reference point.)*
17. How are these leaders involved in efforts regarding this issue? Please explain. (For example: Are they involved in a committee, task force, etc.? How often do they meet?)
18. Would the leadership support additional efforts? Please explain.

D. COMMUNITY CLIMATE

19. Describe _____ (name of your community).
20. Are there ever any circumstances in which members of your community might think that this issue should be tolerated? Please explain.
21. How does the community support the efforts to address this issue?
22. What are the primary obstacles to efforts addressing this issue in your community?
23. Based on the answers that you have provided so far, what do you think is the overall feeling among community members regarding this issue?

E. KNOWLEDGE ABOUT THE ISSUE

24. How knowledgeable are community members about this issue? Please explain. (Prompt: For example, dynamics, signs, symptoms, statistics, effects on family and friends, etc.)
25. What type of information is available in your community regarding this issue?
26. What local data are available on this issue in your community?
27. How do people obtain this information in your community?

F. RESOURCES FOR PREVENTION EFFORTS (time, money, people, space, etc.)

28. To whom would an individual affected by this issue turn to first for help in your community? Why?
29. On a scale from 1 to 10, what is the level of expertise and training among those working on this issue (with 1 being "very low" and 10 being "very high")? Please explain. *(NOTE: this figure between one and ten is NOT figured into your scoring of this dimension in any way - it is only to provide a reference point.)*
30. Do efforts that address this issue have a broad base of volunteers?
31. What is the community's and/or local business' attitude about supporting efforts to address this issue, with people volunteering time, making financial donations, and/or providing space?
32. How are current efforts funded? Please explain.
33. Are you aware of any proposals or action plans that have been submitted for funding that address this issue in your community? If yes, please explain.
34. Do you know if there is any evaluation of efforts that are in place to address this issue? If yes, on a scale of 1 to 10, how sophisticated is the evaluation effort (with 1 being "not at all" and 10 being "very sophisticated")? *(NOTE: this figure between one and ten is NOT figured into your scoring of this dimension in any way - it is only to provide a reference point.)*
35. Are the evaluation results being used to make changes in programs, activities, or policies or to start new ones?

Scoring Community Readiness Interviews for a Complete Assessment

Scoring is an easy step-by-step process that gives you the readiness stages for each of the six dimensions. The following pages provide the process for scoring. There is a scoring worksheet on pages 17-18 and anchored rating scales on pages 19-24. Ideally, two people should participate in the scoring process in order to ensure valid results on this type of qualitative data. Here are step-by-step instructions:

- Working independently, both scorers should *read through each interview in its entirety before scoring any of the dimensions* in order to get a general feeling and impression from the interview. Although questions are arranged in the interview to pertain to specific dimensions, other interview sections may have some responses that will help provide richer information and insights that may be helpful in scoring other dimensions.
- Again, working independently, the scorers should read the anchored rating scale for the dimension being scored. Always start with the first anchored rating statement. Go through each dimension separately and highlight or underline statements that refer to the anchored rating statements. If the community exceeds the first statement, proceed to the next statement. In order to receive a score at a certain stage, all previous levels must have been met up to and including the statement which the scorer believes best reflects what is stated in the interview. In other words, a community cannot be at stage 7 and not have achieved what is reflected in the statements for stages 1 through 6.
- On the scoring sheet on page 17, each scorer puts his or her independent scores in the table labeled INDIVIDUAL SCORES using the scores for each dimension of each of the interviews. The table provides spaces for up to six key respondent interviews.
- When the independent scoring is complete, the two scorers then meet to discuss the scores. The goal is to reach consensus on the scores by discussing items or statements that might have been missed by one scorer and which may affect the score assigned. Remember: Different people can have slightly different impressions, and it is important to seek explanation for the decisions made. Once consensus is reached, fill in the table labeled COMBINED SCORES on one of the scoring sheets. Add across each row to yield a total for each dimension.

- To find the CALCULATED SCORES for each dimension, take the total for that dimension and divide it by the number of interviews. For example: If two scorers have the following combined scores for their interviews:

Interviews	#1	#2	#3	#4	#5	#6	TOTAL
Dimension A	3.5	5.0	4.25	4.75	5.5	3.75	26.75

TOTAL Dimension A 26.75 ÷ # of interviews 6 = 4.46

Repeat for all dimensions, and then total the scores.

- To find the OVERALL STAGE OF READINESS, take the total of all calculated scores and divide by the number of dimensions (6). For example:

Dimension A:	4.46	
Dimension B:	5.67	
Dimension C:	2.54	
Dimension D:	3.29	
Dimension E:	6.43	
<u>Dimension F:</u>	<u>4.07</u>	
	26.46	26.46 ÷ 6 = <u>4.41</u>

- The result will be the overall stage of readiness of the community. The scores correspond with the numbered stages and are "rounded down" rather than up, so a score between a 1.0 and a 1.99 would be the first stage, a score of 2.0 to 2.99 would be the second and so forth. In the above example, the average 4.41 represents the fourth stage or Preplanning.
- Finally, under comments, write down any impressions about the community, any unique outcomes, and any qualifying statements that may relate to the score of your community.

Community Readiness Assessment Scoring Sheet

Scorer: _____

Date: _____

INDIVIDUAL SCORES: Record each scorer's independent results for each interview for each dimension. The table provides spaces for up to six interviews.

Interviews	#1	#2	#3	#4	#5	#6
Dimension A						
Dimension B						
Dimension C						
Dimension D						
Dimension E						
Dimension F						

COMBINED SCORES: For each interview, the two scorers should discuss their individual scores and then agree on a single score. This is the **COMBINED SCORE**. Record it below and repeat for each interview in each dimension. Then, *add across each row* and find the total for each dimension. Use the total to find the calculated score below.

Interviews	#1	#2	#3	#4	#5	#6	TOTAL
Dimension A							
Dimension B							
Dimension C							
Dimension D							
Dimension E							
Dimension F							

CALCULATED SCORES: Use the combined score **TOTAL** in the table above and divide by the number of interviews conducted. Add the calculated scores together and enter it under total.

TOTAL Dimension A _____ ÷ # of interviews _____ = _____

TOTAL Dimension B _____ ÷ # of interviews _____ = _____

TOTAL Dimension C _____ ÷ # of interviews _____ = _____

TOTAL Dimension D _____ ÷ # of interviews _____ = _____

TOTAL Dimension E _____ ÷ # of interviews _____ = _____

TOTAL Dimension F _____ ÷ # of interviews _____ = _____

TOTAL _____

OVERALL STAGE OF READINESS: Take the TOTAL calculated score and divide by 6 (the number of dimensions). Use the list of stages below to match the result with a stage of readiness. Remember, round down instead of up.

TOTAL Calculated Score _____ ÷ 6 = _____

Score	Stage of Readiness
1	No Awareness
2	Denial / Resistance
3	Vague Awareness
4	Preplanning
5	Preparation
6	Initiation
7	Stabilization
8	Confirmation / Expansion
9	High Level of Community Ownership

COMMENTS, IMPRESSIONS, and QUALIFYING STATEMENTS about the community:

Anchored Rating Scales for Scoring Each Dimension

Dimension A. Existing Community Efforts

-
-
-
- 1 No awareness of the need for efforts to address the issue.
-
-
-
- 2 No efforts addressing the issue.
-
-
-
- 3 A few individuals recognize the need to initiate some type of effort, but there is no immediate motivation to do anything.
-
-
- 4 Some community members have met and have begun a discussion of developing community efforts.
-
-
- 5 Efforts (programs/activities) are being planned.
-
-
-
- 6 Efforts (programs/activities) have been implemented.
-
-
-
- 7 Efforts (programs/activities) have been running for several years.
-
-
-
- 8 Several different programs, activities and policies are in place, covering different age groups and reaching a wide range of people. New efforts are being developed based on evaluation data.
-
- 9 Evaluation plans are routinely used to test effectiveness of many different efforts, and the results are being used to make changes and improvements.
-
-

Dimension B. Community Knowledge of the Efforts

-

-

1 Community has no knowledge of the need for efforts addressing the issue.

-

-

2 Community has no knowledge about efforts addressing the issue.

-

-

3 A few members of the community have heard about efforts, but the extent of their knowledge is limited.

-

-

4 Some members of the community know about local efforts.

-

-

5 Members of the community have basic knowledge about local efforts (e.g., purpose).

-

-

6 An increasing number of community members have knowledge of local efforts and are trying to increase the knowledge of the general community about these efforts.

-

7 There is evidence that the community has specific knowledge of local efforts including contact persons, training of staff, clients involved, etc.

-

-

8 There is considerable community knowledge about different community efforts, as well as the level of program effectiveness.

-

-

9 Community has knowledge of program evaluation data on how well the different local efforts are working and their benefits and limitations.

-

-

Dimension C. Leadership (includes appointed leaders & influential community members)

-
-
-
- 1 Leadership has no recognition of the issue.
-
-
-
- 2 Leadership believes that this is not an issue in their community.
-
-
-
- 3 Leader(s) recognize(s) the need to do something regarding the issue.
-
-
-
- 4 Leader(s) is/are trying to get something started.
-
-
-
- 5 Leaders are part of a committee or group that addresses this issue.
-
-
-
- 6 Leaders are active and supportive of the implementation of efforts.
-
-
-
- 7 Leaders are supportive of continuing basic efforts and are considering resources available for self-sufficiency.
-
-
-
- 8 Leaders are supportive of expanding/improving efforts through active participation in the expansion/improvement.
-
-
-
- 9 Leaders are continually reviewing evaluation results of the efforts and are modifying support accordingly.
-
-
-

Dimension D. Community Climate

-
-
-
- 1 The prevailing attitude is that it's an accepted part of community life.
 - "It's just the way things are."
 -
 -
- 2 The prevailing attitude is "There's nothing we can do," or "Only 'those' people do that," or "We don't think it should change."
 -
 -
- 3 Community climate is neutral, disinterested, or believes that the issue does not affect the community as a whole.
 -
 -
- 4 The attitude in the community is now beginning to reflect interest in the issue.
 - "We have to do something, but we don't know what to do."
 -
 -
- 5 The attitude in the community is "This is our problem," and they are beginning to reflect modest support for efforts.
 -
 -
- 6 The attitude in the community is "This is our responsibility" and is now beginning to reflect modest involvement in efforts.
 -
 -
- 7 The majority of the community generally supports programs, activities, or policies.
 - "We have taken responsibility."
 -
 -
- 8 Some community members or groups may challenge specific programs, but the community in general is strongly supportive of the need for efforts. Participation level is high. "We need to keep up on this issue and make sure what we are doing is effective."
 -
- 9 All major segments of the community are highly supportive, and community members are actively involved in evaluating and improving efforts and demand accountability.
 -
 -

Dimension E. Community Knowledge about the Issue

-

-

-

1 Not viewed as an issue.

-

-

-

2 No knowledge about the issue.

-

-

3 A few in the community have some knowledge about the issue.

-

-

4 Some community members recognize the signs and symptoms of this issue,
but information is lacking.

-

-

5 Community members know that the signs and symptoms of this issue occur locally,
and general information is available.

-

-

6 A majority of community members know the signs and symptoms of the issue
and that it occurs locally, and local data are available.

-

-

7 Community members have knowledge of, and access to, detailed information about
local prevalence.

-

-

8 Community members have knowledge about prevalence, causes, risk factors, and
consequences.

-

-

9 Community members have detailed information about the issue as well as information
about the effectiveness of local programs.

-

-

**Dimension F. Resources Related to the Issue
(people, money, time, space, etc.)**

-
-
-
- 1 There is no awareness of the need for resources to deal with this issue.
-
-
-
- 2 There are no resources available for dealing with the issue.
-
-
-
- 3 The community is not sure what it would take, or where the resources would come from, to initiate efforts.
-
-
-
- 4 The community has individuals, organizations, and/or space available that could be used as resources.
-
-
-
- 5 Some members of the community are looking into the available resources.
-
-
-
- 6 Resources have been obtained and/or allocated for this issue.
-
-
-
- 7 A considerable part of support of on-going efforts are from local sources that are expected to provide continuous support. Community members and leaders are beginning to look at continuing efforts by accessing additional resources.
-
-
-
- 8 Diversified resources and funds are secured and efforts are expected to be permanent. There is additional support for further efforts.
-
-
-
- 9 There is continuous and secure support for programs and activities, evaluation is routinely expected and completed, and there are substantial resources for trying new efforts.
-
-

Using the Assessment to Develop Strategies

With the information you've gained in terms of dimensions and overall readiness, you're now ready to develop strategies that will be appropriate for your community. This may be done in a small group or community workshop format.

The first thing to do is look at 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 you have one or more dimensions with lower scores than the others, focus your efforts on strategies that will increase the community's readiness on that dimension or those dimensions first. To be successful, any effort toward making change within a community must begin with strategies appropriate to its stage of readiness

On the next three pages, you will find a list of generic strategies appropriate for each stage of readiness to guide you in developing strategies for your community.

Following the list of generic strategies, you will find blank forms for recording community strengths, concerns and resources, and samples of completed forms.

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 and 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

- 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.) 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 target populations and degree of success.
- 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.
- Utilize key leaders and influential people to speak to groups and participate in local radio and television shows.

6. Initiation

Goal: Provide community-specific information

- Conduct in-service training for professionals and paraprofessionals.
- Plan publicity efforts associated with start-up of program or activity.
- Attend meetings to provide updates on progress of the effort.
- Conduct consumer interviews to identify service gaps and improve existing services.
- Begin library or Internet search for resources and funding.

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 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, community systems.

8. Confirmation / Expansion

Goal: Expand and enhance services

- Formalize the networking with qualified service agreements.
- Prepare a community risk assessment profile.
- Publicize a localized program services directory.
- Maintain a comprehensive database.
- 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.

9. High Level of Community Ownership

Goal: Maintain momentum and continue growth

- Engage local business community 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.

Record of Community Strengths, Concerns, and Resources

Community Name: _____ Date of Workshop: _____

Staff Name(s): _____

Overall Readiness Score and Stage: _____

<u>Strengths/ Resources</u>	<u>Concerns</u>	<u>Resources</u>

Record of Community Strengths, Concerns, and Resources

Community Name: **Anywhere, USA**

Date of Workshop: **6/1/2004**

Staff Name(s):

Overall Readiness Score and Stage: **4, Preplanning**

<u>Strengths/ Resources</u>	<u>Concerns</u>	<u>Resources</u>
Community pride Caring for one another Strong family unit Strong religious background Education is important Has everything (self-sufficient) Strong work ethic Self policing Cultural heritage Low crime / safe Honesty (painfully so) Low cost of living Lake Recreation (baseball, track, golf) Education and sports achievements	Negative attitude Clique-ish / exclusive Powerful and inaccurate gossip Nosy (everybody's business) Self righteousness School involvement is low Focus on negatives Tough to challenge Self policing Elderly population ignored Lack of program buy-in form General community Low socioeconomic status Too competitive Lack of youth input Large minority population that is ignored (small population) Lack of high paying jobs in community	School Church Community and civic groups Good healthcare Volunteer EMS Lake School activities and clubs Family Neighbors Finances Volunteer fire department Sports Strong political connections History (USA today, home of the 1 st governor, ladies golf) Local newspaper Local radio station

Record of Community Interventions and Strategies: Action Plan

Community Name: _____ Date of Workshop: _____

Staff Name(s): _____

Overall Readiness Score and Stage: _____

Intervention / Strategies

1.)	Who's Responsible:	_____
	Target Date for Completion:	_____
	Date of Completion:	_____
2.)	Who's Responsible:	_____
	Target Date for Completion:	_____
	Date of Completion:	_____
3.)	Who's Responsible:	_____
	Target Date for Completion:	_____
	Date of Completion:	_____
4.)	Who's Responsible:	_____
	Target Date for Completion:	_____
	Date of Completion:	_____
5.)	Who's Responsible:	_____
	Target Date for Completion:	_____
	Date of Completion:	_____

Record of Community Interventions and Strategies: Action Plan

Community Name: **Anywhere USA**

Date of Workshop: **6/1/2004**

Staff Name(s):

Overall Readiness Score and Stage: **4, Preplanning**

Intervention / Strategies

1.) Educational / Presentations to Adult Groups

What: Information Dissemination

When: 1st parent-teacher conference (early Nov.) for ½ hour; Holiday Fair

Where: School during conferences

How: Table with information

Who's Responsible: Prevention Specialist, Regional Prevention Specialist (to provide the information) and PTA president (to coordinate with Healthy Communities , Healthy Youth and Safe Communities Coalition)

Target Date for Completion: Early November

Date of Completion:

2.) Increase Exposure of Methamphetamine Threat

What: Parent Orientation / Open House Night at the school

When: September (beginning of school year) at Parent Orientation Night

Where: School

How:

- 1.) Letter to all parents from schools
- 2.) Article / Open invite in the paper
- 3.) Radio show
- 4.) Include the "Walk to Talk" presentation from the Human Service Agency

Who's Responsible: School Administration, Prevention Specialist (Regional Prevention Specialist to help if Prevention Specialist is not available), Athletic Director, and Principal

Target Date for Completion: September

Date of Completion:

3.) Information Dissemination

What: General information about alcohol and meth (in Character Counts bags provided on DCI agent table)

Where: Holiday Fair booth, Nov. 15th

How: Character Counts contents and bags, general information, bags with logos

Who's Responsible: Teacher (to coordinate the effort with the school), Teacher on Fair Committee (to coordinate effort with the Holiday Fair Committee), Sheriff (will check in DCI's involvement), Superintendent (will check on Character Counts bags) PTA president (to coordinate with community coalition), and Prevention Specialist (to help provide information to disseminate)

Target Date for Completion: November 15th

Date of Completion:

4.) Community School-Based Activities to the General Community

When: - Announcements to the local newspaper will be published 2 times prior to every pertinent event
- Public Service Announcements on the events will be made at every home game / event
- All factoids should be delivered to Safe and Drug Free Coordinator and/or teacher by Thanksgiving Day

How: All events in which parent attendance would be appropriate will be publicized before hand at least twice, whereas an article will be submitted to the local newspaper on all events in which parent attendance would not be appropriate

Announcements prior to the event shall be made:

- Local newspaper
- PSA's at all home games and assemblies
- when announcements are not necessary, factoids will be announced
- Candy bars and concessions will be wrapped with a piece of paper announcing the event of a factoid

Who's Responsible:

- Safe and Drug Free Coordinator to get the dated of the assemblies
- Safe and Drug Free Coordinator to type up and send pertinent announcements to the paper
- Teacher, Safe and Drug Free Coordinator, Prevention Specialist, Pastor, and Parent all to supply Safe and Drug Free Coordinator and/or Teacher with 10 facts each about meth
- Teacher and/or Safe and Drug Free Coordinator to make sure that the announcer at each home game and the concession stands are provided with the factoids in time to make the announcement

Target Date for Completion: Thanksgiving Day

Date of Completion:

Important Points About Using the Model

Keep in mind that **dimension scores provide the essence of the community diagnostic**, which is an important tool for strategizing. If your Community Readiness Assessment scores reveal that readiness in one dimension is much lower than readiness in others, you will need to focus your efforts on improving readiness in that dimension. For instance, if the community seems to have resources to support efforts but a lack of committed leadership to harness those resources, strategies might include one-on-one contacts with key leaders to obtain their support.

As another example, if a community has a moderate level of existing efforts but very little community knowledge of those efforts, one strategy may be to increase public awareness of those efforts through personal contacts and carefully chosen media consistent with the readiness stage.

Remember:

"Best practices" are only best for your community if they are congruent with your stage of readiness and are culturally appropriate for your community.

NOTE ON HOW TO DO A BRIEF ASSESSMENT:

Although it is preferable to do a complete assessment, sometimes there is insufficient time or resources, but it is critical to develop an understanding of where your "community" is on each dimension before making plans for efforts.

When there is a group of people representative of the community, such as a coalition, the assessment can be done in the group with discussion to arrive at consensus on scoring for each dimension.

For such an assessment, one person should serve as facilitator. Each participant should have a copy of the anchored rating scales for each dimension.

The facilitator should start with the first dimension and read the questions under that dimension. The facilitator should then ask the group to refer to the anchored rating scale for that dimension and using their responses to the questions asked, look at the first statement and see if they feel they can confidently say that their community meets and goes beyond the first statement.

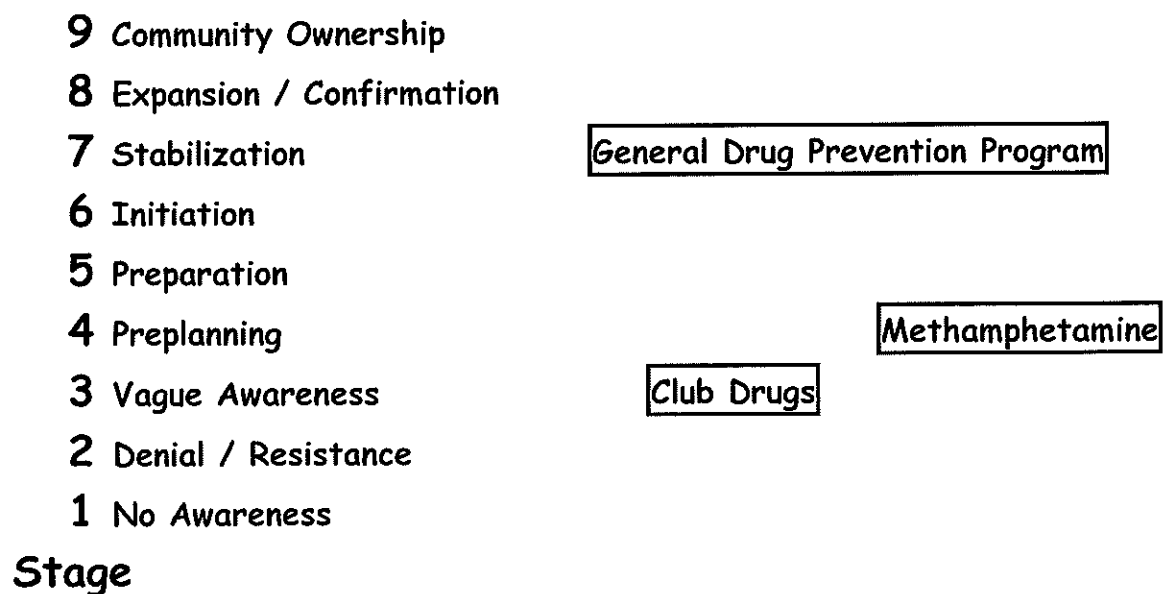
The facilitator should then lead the group through the statements until one is reached that even just one member cannot agree that the community has attained that level. **Everyone's input is important.** Don't try and talk someone out of their opinion - they may represent a different constituency than other group members. A score between the previous statement where there was consensus and the one where consensus cannot be attained should be assigned for that dimension. You may assign scores in intervals of .25 or even less to accurately reflect a score on which consensus can be attained. **Remember, it is the dimension scores which provide the community diagnostic to serve as the "roadmap" - showing you where efforts need to be expended before attempting to go forward.**

Converging of Issues as the Community Progresses Through the Stages of Readiness

It is not necessary - and, indeed, often not desirable - to maintain a narrow focus on an issue throughout the full range of the stages of the model. For issues that are related, it is, however, necessary to focus specifically on individual components until the community is at approximately the same stage of readiness for each before combining them and moving on.

For example, the readiness level of a community to address drug use in general among youth may be fairly high - there are efforts in place, evaluation is guiding modifications to these efforts as needed, etc. However, when a "new" drug emerges as an issue in the community, such as methamphetamine or club drugs, the community may need to concentrate efforts on those drugs for a time to bring awareness and development of any specific services/efforts needed to deal with the "new" drugs up to the level of their other efforts before absorbing those efforts into the overall drug prevention/intervention strategies. This usually will happen by stage six or higher.

Example:



How Have Other Communities Used the Model?

The following case studies demonstrate successful applications of the Community Readiness Model since 1995. We present them first by issue, then by other applications. These examples highlight the versatility of the model in addressing a wide variety of issues in different contexts.

- Drug Abuse: Over 150 rural and ethnic communities have used the model to develop prevention strategies appropriate to their cultures and community values. For example, early in the development of the model, our team was asked to train community groups in addressing solvent abuse on Native reserves in Canada. As a result of this training, solvent action teams were developed for each of the provinces in Canada and remain an ongoing part of Canada's response to substance use.
- Alcohol Abuse: In a small community where there was extensive alcohol abuse among adults and youth, one woman utilized the model to develop community support to reduce public alcohol use and violence related to alcohol abuse. After four years of efforts by the woman and others who joined her, over one-fourth of the adults in the community had entered treatment. Further, community members voted into law a prohibition against any chronic alcohol abusers having positions of authority in the community.
- Intimate Partner Violence: One community in a southern state had significant problems with intimate partner violence, but the problems were not being addressed by law enforcement or any other agency in a constructive manner. Two women used the model to mobilize the community to actively address the issue. A direct result of their efforts was the election of a chief law enforcement official who was more supportive than the previous official of domestic violence intervention, and who created a domestic violence advocate position within the department. The local newspaper also began publishing the names of domestic violence offenders and resources available for victims and perpetrators. The community now has an annual domestic violence conference. It took this grassroots group two years to move the readiness of this community from resistance to preparation. The community is now at a stabilization stage and continues to move forward.

- Child Abuse: A national children's group used the model for development of cultural competency within the organization. They subsequently recommended the model to their regional child advocacy centers for addressing child abuse. These regional centers then shared the model with community-level advocacy centers.
- Head Injury: A research project aimed at reducing head injuries from farming and recreational pursuits in rural Colorado communities used the model to identify readiness level and to target interventions appropriately. Over a one-year period, all participating communities saw increases in awareness and in overall level of readiness.
- Environmental Trauma: A western Native American tribe experienced widespread health problems and fatalities because of radiation contamination of tribal lands from atomic-bomb testing. Seventeen-year-old girls were being diagnosed with breast cancer, many of the tribe's medicinal plants and animals had disappeared, and the community was immobilized by grief. As a result of efforts following community readiness training, community members were able to develop strategies to move forward, including sending mobile mammogram vans to high schools for early detection, distributing pamphlets of early symptoms of cancer, beginning efforts to get the groundwater cleaned, and finding other ways to replace the traditional plants and animals on the reservation. These efforts were written up in a national magazine article.
- Transportation Issues: A national transportation group utilized the model to develop plans for building highways and bridges on tribal lands. As another example, the Community Readiness team worked with transportation engineers and planning staff of a Western city to help reduce the amount of traffic on streets.

- Cultural Competency: This example describes a unique application of the model, because it was the first time that it was applied within an organization. The "community" was defined as the Executive Board, administrative staff, provider staff, and consumers of the organization, and the goal was to make the organization more culturally competent. The administration realized that cultural competency can be a very emotionally sensitive topic, and they believed that the model gave them the structure to proceed in a respectful and stage-appropriate manner. Using the model, they developed many creative and stage-appropriate strategies to improve the level of cultural competency within their organization. They highly recommend that other agencies use the model for similar projects.
- HIV/AIDS: The Tri-Ethnic Center has used the Community Readiness Model to examine attitudes about HIV/AIDS prevention in 40 communities and across four ethnicities. The project has developed a greater understanding of community perceptions and ideas for early prevention.
- Environmental and Weather Conditions: Foresters, climatologists, and environmental consultants are applying the model to a variety of environmental issues. For example, a climatologist is proposing to use the model to help communities cope with the effects of major heat waves on health, particularly among the elderly.
- Animal Control Issues: A group in Georgia was funded by the Centers for Disease Control and Prevention to use the Community Readiness Model to reduce injuries from dog bites. They are using the model to develop community support for animal control and devise strategies that are compatible with the culture of their community.
- Suicide: After hearing about the model at a conference, a Native woman came to the Center seeking help. In her village of 600 people, there had been 18 suicides in the previous six months. She requested that the team go to her community and help them to use the Community Readiness Model. Because of the urgency of the situation, and with the financial support of the Colorado Injury Control Research Center at Colorado State University, Tri-Ethnic Center staff members traveled to the remote village. The staff were expecting no more than 15-20 people from the village to attend, but were very moved when they were greeted by almost 100 Native people, young and old, from six different villages.

Many people had overcome great challenges to come to the meeting. Between villages, there are no roads, and the only way in is by flying in small airplanes or by barging down the river if it isn't frozen. Once visitors arrive, there are no hotels, so visitors must find a family that is willing to take them in. Despite these difficulties, people found a way to be there.

Initially, they spoke of their grief and helplessness because of the pain of their losses. The model was presented, and participants divided into village groups. Each group used the model to assess their village's stage of readiness and to identify their strengths and resources. An outsider might think that these small villages had very little in the way of resources (no clinics, shelters, etc.). But the village groups recognized many resources - human resources to cultural resources. They later talked about how grateful they were to rediscover those strengths because they had forgotten them in their grief, or because they hadn't really recognized them as strengths.

Community members offered their time, their creativity, and their knowledge of the culture. The youth formed their own group to develop strategies to offer support to friends in school. Elders lined the outer walls of the community center. Most couldn't hear what was going on and some were blind, yet they stayed from eight in the morning until eleven at night to offer their support. At the conclusion, each village summarized the strategies that they had developed. Finally, the entire group formed a circle and again, using the model, worked together to brainstorm an action plan to maintain inter-village communication and support.

They indicated that for the first time in a long time, the communities felt hope and empowerment. A woman from the state office who had attended the gathering was so impressed by the efforts that she offered each of the six villages \$2,000 to begin working on their strategies. Another woman donated her 80 acres of allotment land for a treatment center. The group was so motivated that they were able to move from a lower to a higher stage of readiness in only two days.

The villages continue to work toward their goals, and their strategies have been remarkably successful. From having experienced 18 suicides in a six-month period before the training, *they did not lose a single person to suicide* in the year following the training!

Ways the Community Readiness Model Can Be Used

- Program Evaluation: The evaluation of multi-component, community-wide efforts is challenging because it is difficult to measure complex change over time. The Community Readiness Assessment offers an easy-to-use tool that can help assess the overall effectiveness of efforts. It can give insight into key outcomes (such as shifts in community norms, support of local leadership, etc.) in ways that traditional evaluation methods may not bring to light.

Numerous programs have utilized the Community Readiness Assessment for evaluation of community-wide efforts. As an example, a project involving ten counties in Oklahoma developed a planning program to improve services to Native American children with serious emotional disturbances and their families. The Community Readiness Assessment offered not only an accurate way to measure readiness before and after program implementation, but also essential qualitative data to help guide program development. Based on information from the baseline Community Readiness Assessment, community members were able to identify strengths and resources and to gain public support. Another assessment conducted two years later showed that all counties had moved ahead in their stages of readiness. The community support for this project continues to be overwhelming.

- Funding Organizations: As stewards of funds, grant making organizations need to utilize their resources in the most efficient way possible. They recognize that good projects often fail because the efforts are more advanced than what some communities are prepared to accept. Because of this, some funding organizations have used the model to quickly assess whether or not proposed projects stand a chance of success in a given community based on the readiness of the community to address the issue. Many times, they recommend that the grantee use the model to develop the infrastructure and support that will make it possible to implement projects successfully.
- Research: Research on community-wide program effectiveness frequently involves "treatment" and "control" communities, in which the treatment community implements the program and the control does not. Researchers do their best to "match" treatment and control communities in order to have a more level basis for comparison. The Community

Readiness Assessment allows researchers to match communities by stage of readiness. This is an important advantage, since even two similarly sized communities can be at very different stages of readiness to act on an issue, and evaluating the effectiveness of a program in both communities could be confounded by many factors. As an example: A substance-abuse prevention project in 16 communities across the country used the Community Readiness Assessment to ensure that all communities recruited for the project were at an equivalent readiness level with respect to the issue.

Learning More About the Community Readiness Model

At the Tri-Ethnic Center for Prevention Research, we offer a variety of resources to help you learn more about the Community Readiness Model.

- Visit our Web site at www.TriEthnicCenter.ColoState.EDU. Select "Community Readiness" from the home page menu to learn about available training and resources, to access full-text articles about the model, to get staff contact information, to view a brief slide show about the model, and to request a free, downloadable file copy of this handbook.
- Contact our staff by phone or e-mail. Our staff members will be more than happy to answer your questions about the model.

1-800-835-8091

Barbara Plested

Barbara.Plested@ColoState.EDU

Pamela Jumper-Thurman

Pamela.Thurman@ColoState.EDU

Ruth Edwards

Ruth.Edwards@ColoState.EDU

Martha Burnside

Marth.Burnside@ColoState.EDU

Gerald Rivera

- Schedule a Community Readiness Training for Your Community. In response to considerable interest, the Tri-Ethnic Center has developed a training workshop on using the Community Readiness Model. Using group exercises, discussion, and audio and visual aids, our staff members will provide comprehensive training to enable you to implement the model successfully in your community. Topics include background of the model, dimensions, stages, the assessment process, scoring, and strategy development. Training generally takes 4-5 hours but can be tailored to fit your needs. We can arrange a session in your community or at our location in Fort Collins, Colorado. Please contact the Center for more information.

In learning about the model, you have taken an important step in your journey toward community change. We wish you every success in working toward solutions that honor the wisdom, the culture, and the resources of your community.

Bibliography

- Donnermeyer, J. F., Oetting, E. R., Plested, B. A., Edwards, R. W., Jumper-Thurman, P., & Littlethunder, L. (1997). Community readiness and prevention programs. *Journal of Community Development, 28(1)*, 65-83.
- Edwards, R. W., Jumper-Thurman, P., Plested, B. A., Oetting, E. R., & Swanson, L. (2000). Community readiness: Research to practice. *Journal of Community Psychology, 28(3)*, 291-307.
- Edwards, R. W., Thurman, P. J., Plested, B., Helm, H., Holmquist, J., Arellano, C., & Smitham, D. (1996). Intimate partner violence in rural minority communities. In Heise, L. & Michau, L. *Global Overview on Violence Against Women*. Washington, DC: Health and Development Policy Project.
- Jumper-Thurman, P., Edwards, R. W., Plested, B. A., & Oetting, E. R. (2003). Honoring the differences: Using community readiness to create culturally valid community interventions. In G. Bernal, J. Trimble, K. Burlew, & F. Leong (Eds.), *Handbook of Racial & Ethnic Minority Psychology* (pp. 591-607). Thousand Oaks, CA: Sage Publications.
- Jumper-Thurman, P. & Plested, B. A. (2000, Summer). Community readiness: A model for healing in a rural Alaskan community. *The Family Psychologist, 8-9*.
- Jumper-Thurman, P., Plested, B. A., Edwards, R. W., Helm, H. M., & Oetting, E. R. (2000). Community readiness: A promising model for community healing. In D. Bigfoot-Subia (Ed.), *Native American Topic-specific Monograph Series*. Oklahoma City, OK: The University of Oklahoma Health Sciences Center, Office for Victims of Crime, Department of Justice.
- Jumper-Thurman, P., Plested, B. A., Edwards, R. W., Helm, H. M., & Oetting, E. R. (2001). Using the community readiness model in Native communities. *Health Promotion and Substance Abuse Prevention Among American Indian and Alaska Native Communities: Issues in Cultural Competence, CSAP 9*, 129-158.
- Kelly, K., Edwards, R. W., Comello, M. L. G., Plested, B. A., Thurman, P. J., & Slater, M. D. (2003) The Community Readiness Model: A complimentary approach to social marketing. *Journal of Marketing Theory, 3(4)*.

- Oetting, E. R., Donnermeyer, J. F., Plested, B. A., Edwards, R. W., Kelly, K., & Beauvais, F. (1995). Assessing community readiness for prevention. *The International Journal of the Addictions, 30*(6), 659-683.
- Oetting, E. R., Jumper-Thurman, P., Plested, B., & Edwards, R. W. (2001). Community readiness and health services. *Substance Use and Misuse, 36*(6&7), 825-843.
- Plested, B.A., Jumper-Thurman, P., Edwards, R. W., & Oetting, E. R. (1998). Community readiness: A tool for effective community-based prevention. *Prevention Researcher, (5)*2, 5-7.
- Plested, B. A., Smitham, D. M., Jumper-Thurman, P., Oetting, E. R., and Edwards, R. W. (1999). Readiness for drug use prevention in rural minority communities. *Substance Use and Misuse, 34*(4&5), 521-544.
- Slater, M. D., Kelly, K., & Edwards, R. W. (2000). Integrating social marketing, community readiness and media advocacy in community-based prevention efforts. *Social Marketing Quarterly, VI*(3), 125-137.
- Jumper Thurman, P., Plested, B. A., Edwards, R. W., Foley, R., & Burnside, M. (2003). Community readiness: The journey to community healing. *Journal of Psychoactive Drugs, 35*(1), 27-31.

Selected readings relevant to the theoretical foundation of the Community Readiness Model:

- Prochaska, J.O., DiClemente, C.C., & Norcross, J.C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist, 47*(9), 1102-1114.
- Rogers, E.M. (1983). *Diffusion of Innovations* (3rd ed.). New York: Free Press.
- Warren, R. (1978). *The Community in America* (3rd ed.). Chicago: Rand-McNally.

About the Authors



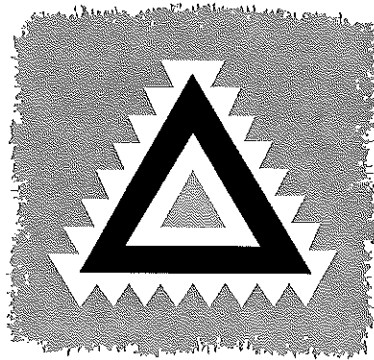
Barbara A. Plested, Ph.D. is a Research Scientist at the Tri-Ethnic Center for Prevention Research. An expert in community action planning, she has conducted countless workshops on the Community Readiness Model. She has been a psychotherapist for all age groups and she serves as a consultant to treatment and prevention programs nationwide. Dr. Plested has co-authored several articles on the Community Readiness Model, including applications of the model to prevent substance use among ethnic youth.



Ruth W. Edwards, Ph.D. is a Senior Research Scientist and Director of the Tri-Ethnic Center for Prevention Research. She has her doctorate in Social Psychology. For over two decades, Dr. Edwards has been involved in research on social problems in rural communities, including substance use, intimate partner violence and other deviant behaviors. She is currently conducting two research projects funded by the National Institute on Drug Abuse: one addressing community level factors and how they may interact with substance use patterns in youth and the other addressing community and cultural factors and how they may relate to inhalant use by children. She has numerous publications on substance use among majority and minority culture youth in rural communities as well as on development and application of the Community Readiness Model.



Pamela Jumper-Thurman, Ph.D. has her doctorate in Clinical Psychology and is a Senior Research Scientist at the Tri-Ethnic Center. She is currently conducting a research project funded by the Office of Juvenile Justice and Delinquency Prevention on prevention of delinquency among American Indian youth and a project funded by the National Institute on Drug Abuse evaluating the effectiveness of the Community Readiness Model in facilitating community mobilization. She has facilitated numerous workshops for diverse populations across the country using the Community Readiness Model. By Presidential Appointment, Dr. Thurman served on the Adolescent Task Force of the American Psychological Association and currently serves on the Council for the Center for Substance Abuse Prevention. She has published extensively in scholarly journals on various mental health issues.



TRI-ETHNIC CENTER
FOR PREVENTION RESEARCH



Handbook for Using the Community Readiness Model

August 2004

SS-V1

Available from:

Tri-Ethnic Center for Prevention Research

Sage Hall

Colorado State University

Ft. Collins, CO 80523

1-800-835-8091

www.TriEthnicCenter.ColoState.edu

Print Copy \$15 plus postage and handling

Community Readiness Assessment Scoring Sheet

Provider Name: _____ Date: _____

Community Name: _____ Region: _____

INDIVIDUAL SCORES: Record each scorer's independent results for each interview for each dimension. The table provides spaces for up to six interviews.

Interviewer 1

Interviews	#1	#2	#3	#4	#5	#6
Dimension A						
Dimension B						
Dimension C						
Dimension D						
Dimension E						
Dimension F						

Interviewer 2

Interviews	#1	#2	#3	#4	#5	#6
Dimension A						
Dimension B						
Dimension C						
Dimension D						
Dimension E						
Dimension F						

COMBINED SCORES: For each interview, the two scorers should discuss their individual scores and then agree on a single score. This is the **COMBINED SCORE**. Record it below and repeat for each interview in each dimension. Then, *add across each row* and find the total for each dimension. Use the total to find the calculated score below.

Interviews	#1	#2	#3	#4	#5	#6	TOTAL
Dimension A							
Dimension B							
Dimension C							
Dimension D							
Dimension E							
Dimension F							

CALCULATED SCORES: Use the combined score TOTAL in the table above and divide by the number of interviews conducted. Add the calculated scores together and enter it under total.

TOTAL Dimension A _____ ÷ # of interviews _____ = _____
 TOTAL Dimension B _____ ÷ # of interviews _____ = _____
 TOTAL Dimension C _____ ÷ # of interviews _____ = _____
 TOTAL Dimension D _____ ÷ # of interviews _____ = _____
 TOTAL Dimension E _____ ÷ # of interviews _____ = _____
 TOTAL Dimension F _____ ÷ # of interviews _____ = _____

TOTAL _____

OVERALL STAGE OF READINESS: Take the TOTAL calculated score and divide by 6 (the number of dimensions). Use the list of stages below to match the result with a stage of readiness. Remember, round down instead of up.

TOTAL Calculated Score _____ ÷ 6 = _____

Score	Stage of Readiness
1	No Awareness
2	Denial / Resistance
3	Vague Awareness
4	Preplanning
5	Preparation
6	Initiation
7	Stabilization
8	Confirmation / Expansion
9	High Level of Community Ownership

Interviewer Instructions - Community Readiness Assessment

Community Readiness Assessment Surveys should be administered in collaboration with the CPAW members. It is important that this and other evaluation activities are closely monitored by the CPAW Evaluation and Sustainability Workgroup. Please elect an individual from the CPAW Evaluation and Sustainability Workgroup to be your agency's liaison with the evaluation team. Please provide that individual's information below to the evaluation team gasps@uga.edu.

AGENCY LIAISON CONTACT INFORMATION

Name: _____

Phone Number: _____ **E-mail Address:** _____

Mailing Address: _____

Agency Name: _____

Region (please circle only one): 1 2 3 4 5 6

1. For each survey completed, the interviewer should collect the respondent's contact information. This information will be used in the future to contact these individuals for follow-up surveys.
2. The interviewer should ensure surveys are completed by individuals who represent different segments of the community and are connected to this issue.
3. Once all surveys are completed and scored, the interviewer should email or mail a copy of the Community Readiness Assessment Scoring Sheet (attached) to the evaluation team:

Yvonne Mensa-Wilmot
CVIOG, Survey Research and Evaluation
The University of Georgia
201 North Milledge Avenue
Athens, GA 30602
gasps@uga.edu

Respondent Contact Information Sheet - Community Readiness Assessment

Provider Name: _____

Community Name: _____

Region (please circle only one): 1 2 3 4 5 6

1. Name of Respondent: _____

Job Title/Role in the community: _____

Phone Number: _____ E-mail Address _____

Mailing Address: _____

2. Name of Respondent: _____

Job Title/Role in the community: _____

Phone Number: _____ E-mail Address _____

Mailing Address: _____

3. Name of Respondent: _____

Job Title/Role in the community: _____

Phone Number: _____ E-mail Address _____

Mailing Address: _____

4. Name of Respondent: _____

Job Title/Role in the community: _____

Phone Number: _____ E-mail Address _____

Mailing Address: _____

5. Name of Respondent: _____

Job Title/Role in the community: _____

Phone Number: _____ E-mail Address _____

Mailing Address: _____

6. Name of Respondent: _____

Job Title/Role in the community: _____

Phone Number: _____ E-mail Address _____

Mailing Address: _____

