

Community Readiness Assessment Guidance



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

Adapted from the Tri-Ethnic Center Community Readiness Handbook, 2nd edition, 2014. Model Originally Developed by: E. R. Oetting, B. A. Plested, R. W. Edwards, P. J. Thurman, K. J. Kelly, and F. Beauvais. Modified and expanded by: Linda R. Stanley.

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 early childhood social and emotional health and development.
- Allows communities to define issues and strategies in their own contexts.
- Builds cooperation among systems and individuals.
- Increases community capacity for health promotion and prevention efforts.
- Encourages and enhances community investment.
- Can be applied in any community (geographic, issue-based, organizational, etc.).
- Is a start to the complex process of community change.

What Does "Readiness" Mean?

Readiness is the degree to which a community is prepared to take action to improve children's social and emotional development. 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.

Matching community efforts to a community's level of readiness is absolutely essential for success. Project strategies 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?

The Community Readiness model supports communities in creating a vision for change.

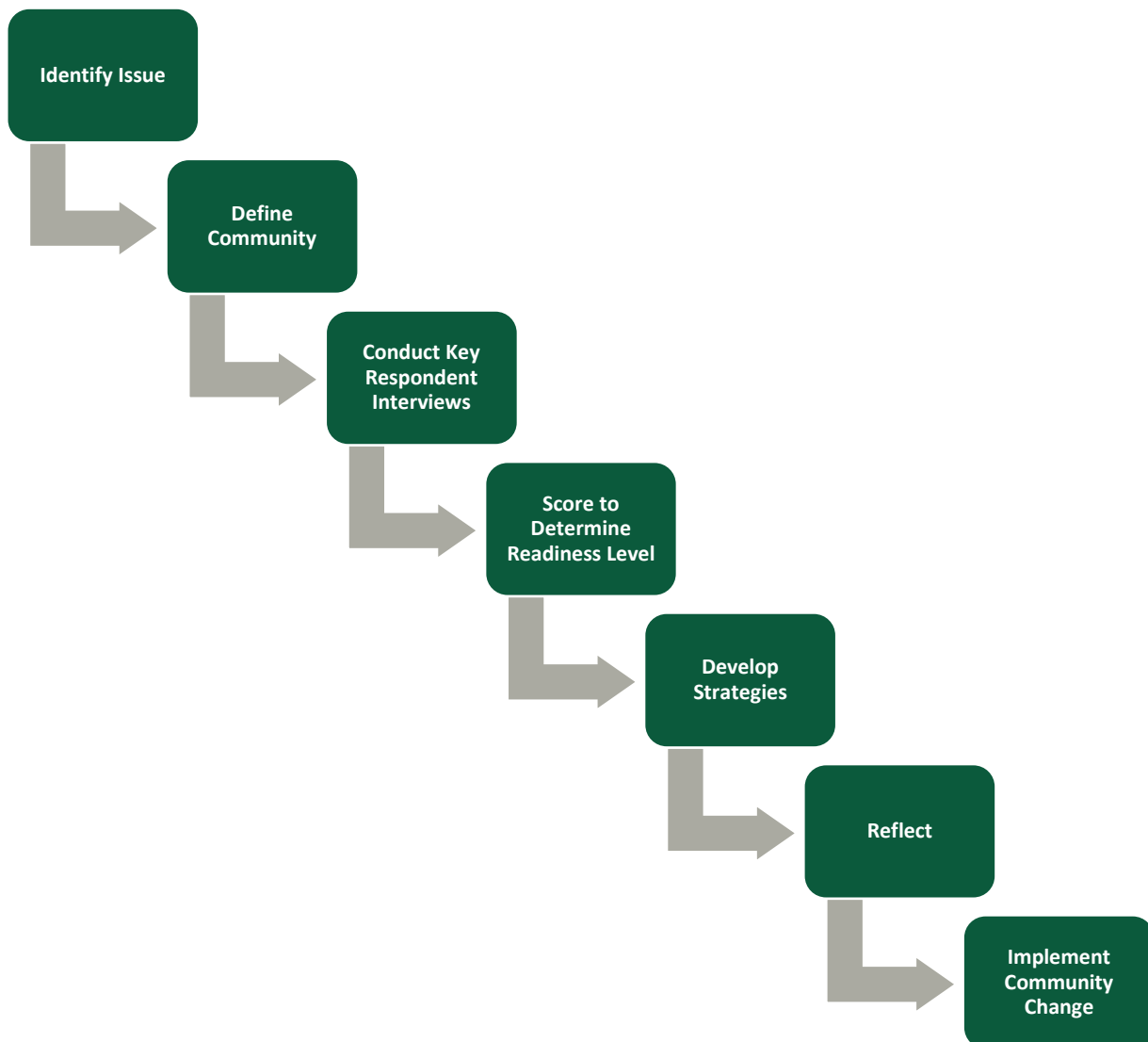
- It conserves valuable resources (time, money, etc.) by guiding the selection of strategies that are most likely to be successful.
- It is an efficient, inexpensive and easy-to-use tool.
- It promotes community recognition and ownership.
- Because of strong community ownership, it helps to ensure that 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.

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 the community's goals. The model defines types and intensity 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.

Process for Using the Community Readiness Model



Step-by-Step Guide

1

Identify the desired change in the community related to early childhood social and emotional health and development.

2

Define “community” with respect to children’s social and emotional development. This may be refining a geographical area or catchment area, a group within that area, an organization or any other type of identifiable and actionable “community.”

3

To determine the community’s level of readiness to support children’s social and emotional development, *conduct a Community Readiness Assessment* using key respondent interviews.

4

Once the assessment is complete, the community’s stage of readiness for each of the dimensions is ready to be scored, as well as the overall score. *Analyze the results of the assessment using both the numerical scores and the content of the interviews.*

5

Develop strategies to pursue that are stage-appropriate. For example, at low levels of readiness, the intensity of the efforts must be more low key and personal.

6

Reflect on the assessment and how the community has progressed throughout the planning process. This will help inform the Strategic Plan and Phase II LAUNCH Together Implementation application.

7

As the community’s level of preparedness increases, it may be necessary to begin to address closely related issue areas. *Utilize learnings to apply the model to another issue.*

Dimensions of Readiness

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

- ✓ **A. Community Efforts:** To what extent are there efforts and programs that address early childhood social and emotional health and development?
- ✓ **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 children's social and emotional health and wellness?
- ✓ **D. Community Climate:** What is the prevailing attitude of the community toward early childhood social and emotional health and development? Is it one of helplessness or one of responsibility and empowerment?
- ✓ **E. Community Knowledge:** To what extent do community members know about the causes of the problem, consequences and how it impacts the community?
- ✓ **F. Resources Related to Children's Social and Emotional Health and Wellness:** To what extent are local resources –people, time, money, space, etc. – available to support efforts?
- ✓ **G. Community-Related Data:** To what extent is there valid, specific, relevant data to demonstrate the causes and consequences of early childhood social and emotional health and development?

Note: Dimension G was not part of the Tri Ethnic Center's Community Readiness Model and was added specifically for Colorado's Strategic Prevention Framework State Incentive Grant.

Stages of Community Readiness

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

How to Conduct a Community Readiness Assessment

Conducting a Community Readiness Assessment is the key to determining the community’s readiness by dimension and by overall stage. To perform a complete assessment, ask individuals in the community the questions on the following pages. **Please note that no community is expected to score highly on every dimension. The purpose of this assessment is to help the community identify areas of strength, as well as areas where the community will want to develop strategic goals or objectives to build greater systemic capacity. As such, we encourage the individuals who will be interviewed to be as honest and authentic in their answers as possible. Space will be provided on the score sheet to document the approach to the interviews and the general nature of the responses.** If translating questions from English into another language, ask a person who

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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. Before beginning, please review the following steps:

- 1) Select the 4-6 key informants who will be interviewed from the community. These people might represent early care and education, mental health/treatment services, health and medical professionals, schools, universities, community members at large, social services, city/county/tribal government and spiritual/religious communities. Make sure to select a variety of interests across domains to get a complete picture. Let the interviewees know that there are no wrong answers and that the interview will take approximately 45-60 minutes.
- 2) While conducting the interviews, record responses as accurately as possible for scoring. If possible, record digitally and transcribe. Avoid interjecting personal biases or values, avoid discussion, stick to questions and only clarify when necessary. Note that even answers of “I don’t know” are useful in capturing community perceptions.
- 3) Move through the interviews one at a time using the “Community Readiness Interview Questions.” Read through each interview before beginning to score 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.
- 4) Working independently, two scorers (not the interviewer) should read the “Community Readiness Scoring Matrix” 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. Assign scores in intervals of 0.25 (e.g., 5.25, 3.75, etc.).

Under the section titled “Individual Score” [on the “Community Readiness Scoring” page], fill in *your* scores for each dimension of each of the interviews. The table provides spaces for up to six key respondent interviews.

- 5) When 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 combined or final 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.

- 6) After both scorers have agreed upon the scores in the above section, the Average Dimension Score will be calculated using the Combined Scoring Sheet. For some (actually many) this can be confusing so we've provided an example below.

Let's say that on the Combined Scoring Sheet section, the two scorers have agreed on the following six scores under Dimension A:

Combined Scores for Six Interviews



Interviews	#1	#2	#3	#4	#5	#6	Total Dimension Score	# of Interviews	Average Dimension Score
Dimension A	3.5	5.0	4.25	4.75	5.5	3.75	26.75	6	4.46



AVERAGE Dimension A Score:
 Total Dimension Score **26.75** ÷ # of Interviews **6** =
4.46

- a) Start by adding all the Dimension A interview scores together across the row (in this case, 26.75) and enter that number under the column "Total Dimension Score."
 - b) Next, enter the number of interviews the score is based on under "# of Interviews" (in the example, the number is 6).
 - c) Then, calculate the Average Dimension Score by dividing the Total Dimension Score by the # of Interviews. In the current example, the Average Dimension Score is 4.46. The Average Dimension Scores will be used to graph the community's readiness.
 - d) Finally, calculate a Final Dimension Score by adding all seven Average Dimension Scores together and dividing by 7. Enter this number into the appropriate box on the Combined Scoring Sheet.
- 7) For "Stage", enter the stage that is represented by the Final Dimension Score. The stages are listed on page 6 of the Community Readiness Assessment Handbook. The scores correspond with the numbered stage, 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.

- 8) On the Community Readiness Assessment Graph (page 5 of the Scoring Sheet), use the table to graph the Average Dimension Scores. This can be done by shading in the graph by hand or by electronically filling in the cells.
- 9) Finally, under comments, write any impressions about this community, any unique outcomes and qualifying statements that are relevant regarding the score of the community.

Interview Questions

A. Community Efforts and Community Knowledge of Efforts

Please note that Dimensions A & B are combined. This is to improve the "flow" of the questions. The information to score these Dimensions is related and it is beneficial to read items from both Dimensions A & B to get a comprehensive score for each Dimension.

- 1) Please describe the programs and activities that are available in your community to address early childhood social and emotional health and development. (A)
- 2) How long have these efforts been going on in your community? (A)
- 3) 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.)* (B)
- 4) What specifically does the average community member know about these efforts or activities? (B)
- 5) What are the strengths of these efforts? (A)
- 6) What are the weaknesses of these efforts? (A)
- 7) Who do these programs serve? (Prompt: For example, children within a certain age range, ethnicity, income level, etc.) (A)
- 8) Would there be any segments of the community for which these efforts/services may appear inaccessible? (Prompt: For example, children within a certain age range, ethnicity, income level, geographic region, etc.) (A)
- 9) Is there a need to expand these efforts/services? If not, why not? (A)
- 10) Is there any planning for additional efforts/services going on in your community surrounding early childhood social and emotional health and development? If yes,

please explain. Is this planning being done at the local, regional, state, or national level? (A)

- 11) Do you know if there is any evaluation of efforts that is in place? Are the evaluation results being used to make changes in programs, activities or policies or to start new ones? (A)

C. Community Leadership/Political Will

- 1) Using a scale from 1 to 10, how much of a concern is early childhood social and emotional health and development 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.)* Leaders can be defined as formal leaders of the community (e.g., mayor, county commissioner, school board, city council, sheriff, etc.) or powerful informal leaders (e.g., prominent community leaders).
- 2) Would the leadership support additional efforts? Please explain. (For example: support public awareness effort, identify children’s social and emotional development as a priority for the agency/organization, etc.)
- 3) Of the leaders in your community, who is aware of early childhood social and emotional health and development and working to positively change it?
- 4) How are these leaders involved in efforts regarding early childhood social and emotional health and development? Please explain. (For example: Are they involved in a committee, task force, etc.? How often do they meet?)

D. Community Climate

- 1) Using a scale from 1-10, how much of a concern is early childhood social and emotional health and development 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.)*
- 2) Are there ever any circumstances in which members of your community might think that early childhood social and emotional health and development should not be addressed? Please explain. (Prompt: a belief that this is a private family issue, etc.)
- 3) How does the community support the efforts to improve early childhood social and emotional health and development?
- 4) What are the primary obstacles to efforts addressing early childhood social and emotional health and development in your community?

- 5) Based on the answers that you have provided so far, what do you think is the overall feeling among community members regarding early childhood social and emotional health and development?
- 6) What formal or informal policies related to early childhood social and emotional health and development are in place in your community, and for how long? (Prompt: funding for early childhood mental health specialists, preschool or kindergarten grade retention for children with behavioral issues, etc.)

E. Community Knowledge about the Issue

- 1) How knowledgeable are community members about early childhood social and emotional health and development? Please explain. (Prompt: For example, terminology, signs, effects on family and friends, etc.)
- 2) How do people obtain information about early childhood social and emotional health and development in your community? Is this information credible?
- 3) Has there been any community event involving early childhood social and emotional health and development that demands a response from the community or public health, mental health, family services or early education? (Prompt: Widely publicized trend in preschool expulsions?)
- 4) To what extent is there media coverage of early childhood social and emotional health and development in your community? (for example, in the newspapers, television news, radio, internet, etc.)
- 5) Compared to other issues (for example, traffic, the economy, violence, etc.), to what extent is early childhood social and emotional health and development a concern in your community?
- 6) Do community members understand how early childhood social and emotional health and development affects the community?

F. Community Resources for Prevention Efforts

- 1) How are current efforts funded? Is the funding coming from diverse sources (for example, federal funds, state funds, local funds, foundations, etc.)?
- 2) Is this funding enough to address the need? Please explain.
- 3) Is there enough funding to support expanding existing programs or trying new efforts?
- 4) What is the community's and/or local business' attitude about supporting efforts to

address early childhood social and emotional health and development, with people volunteering time, making financial donations and/or providing space?

- 5) Are you aware of any proposals or action plans that have been submitted for funding to address early childhood social and emotional health and development in your community? If yes, please explain.
- 6) If someone in your community was affected by poor early childhood social and emotional health and development (for example, a child who was expelled from child care or preschool for behavior problems), would they know where to go for help? Are these resources adequate to address the community's need?
- 7) On a scale from 1 to 10, what is the level of expertise and training among those working with young children and their families (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.)*
- 8) Do efforts that address early childhood social and emotional health and development have a broad base of volunteers?

G. Community-related Data

- 1) Are information and data about early childhood social and emotional health and development available in your community? (Prompt: behavior-related pediatrician visits, child screening data, family home visits, etc.)
- 2) Are the information and data available at the needed geographic level? (Prompt: school district level, county level, neighborhood level, regional level, etc.)
- 3) Can you see ways where the data quality could be improved? If so, is that being addressed? Are there local plans to collect more or different kinds of data?
- 4) Are the data presented in an understandable way for those who are doing the planning? Have people used the data to help with strategic planning or in identifying gaps between needs and resources? If so, how?
- 5) What kinds of data are available to provide a full picture of the issue in your community? Is your community collecting the data directly (for example, a local survey) or is it being obtained from other sources (such as a state agency website)?
- 6) Is there a system in place to regularly collect and report these data?

Rating	Community Efforts	Community Knowledge of Efforts	Community Leadership/ Political Will	Community Climate	Community Knowledge About Issue	Community Resources	Community-Related Data
1= No Awareness	No awareness of the need for efforts to address this issue	Community has no knowledge of need for efforts to address this issue	Leadership has no recognition of this issue	Prevailing attitude is “there’s not a problem related to this issue”	Not viewed as an issue	There is no awareness of the need for resources to deal with this issue	Not collected
2 = Denial	No efforts addressing this issue	Community has no knowledge about efforts addressing this issue	Leadership believes that this is not an issue in their community	The prevailing attitude is “there’s nothing we can do” or “only ‘those’ people do that”	No knowledge about this issue	No resources available for dealing with this issue	Data collected are perceived to be inaccurate
3 = Vague Awareness	A few individuals in the community recognize need for some type of effort, but there is no immediate motivation	Some members of the community have heard about efforts, but the extent of their knowledge is limited	Leaders recognize the need to do something regarding this issue; offer only verbal support	Community climate is neutral, disinterested, or believes that this issue does not affect the community as a whole	A few in the community recognize that some people here may be affected by this issue	Community is not sure what it would take, or where the resources would come from to initiate efforts	Some anecdotal data collected
4 = Preplanning	Some community members have met and have begun a discussion of developing community efforts	Some members of the community are beginning to seek knowledge about efforts in their own, or similar communities	Leaders are trying to get something started; a meeting has been held to discuss this issue	The attitude in the community is now beginning to reflect interest in this issue	Some community members recognize that this issue occurs locally, but information about this issue is lacking	Some in the community know what resources are available to deal with this issue	Types of information needed and possible sources have been identified
5 = Buy-in Direct Impact Planning	Efforts (programs/ activities) are being planned by the community	Some members of the community have basic knowledge about local efforts (i.e. purpose)	Leaders are part of a committee(s) and are meeting regularly to consider alternatives and make plans	The attitude in the community is “this is our problem” and they have modest support for efforts	Community members know that this issue occurs locally and general information about this issue is available	Some in the community are aware of available resources and a proposal has been prepared or submitted	Specific information needed has been identified; working with sources to create a data plan
6 = Initiation of work	Efforts (programs/ activities) have been implemented by the local community	An increasing number of community members have knowledge of local efforts and are trying to increase the knowledge of the general community	Leaders support implementation efforts and may be enthusiastic because they are not yet aware of the limitations or problems	The attitude in the community is “this is our responsibility” and now has modest involvement in the efforts	A majority of community members know that this issue occurs locally and there is enough information about this issue to do something	Resources have been obtained from grant funds or outside funds; Programs or activities are time limited	Implement data plan and review data, make improvements; Have conducted gaps analysis to compare risk/needs to resources
7 = Stabilization Positive outcomes	Local efforts have been running for several years and are expected to run indefinitely, no specific planning for other efforts	There is evidence that the community has specific knowledge of local efforts including contact persons, training of staff, clients involved, etc.	Leaders support continuing basic efforts and are considering resources available for self-sufficiency	The majority of the community generally supports programs, activities, or policies. “We have taken responsibility”	Community members have knowledge of, and access to, detailed information about local prevalence	A considerable part of support of on-going efforts are from local sources that will provide continuous support; additional resources are being sought	Data are used to develop a strategic plan; have used multiple validated sources to document need
8 = Confirmation & expansion	Several different local efforts are in place, reaching a wide range of people; new efforts are being developed based on feedback	There is considerable community knowledge about different community efforts, as well as the level of program effectiveness	Leaders support expanding/ improving efforts through active participation in the expansion or improvement	The general community is strongly supporting of the need for efforts; participation level is high	Community members have knowledge about prevalence, causes, risk factors, and consequences	Diversified resources and funds are secured and efforts are expected to be permanent; there is additional support for further efforts	Additional validated data has been identified and attained (containing more information or more depth)
9 = Professionalization	Evaluation plans are routinely used to test effectiveness of local efforts, wide range of people. New efforts are being developed	Community has knowledge of program evaluation data on how well the different local efforts are working, and their benefits and limitations	Leaders from all sectors of the community are directly involved in sustaining and improving the efforts	All of the community is highly supportive, and community members are actively involved in improving efforts and demand accountability	Community members have detailed information about this issue as well as information about the effectiveness of local programs	There is continuous and secure support for programs; evaluation is routinely completed; substantial resources for trying new efforts	Data collection and reporting is part of routine for community; regular, consistent data collection and reporting occurs