

Winter/ Spring 2010 Community Readiness Results

Research indicates messages regarding alcohol and substance abuse that are consistent across several community groups (schools, law enforcement, parents, etc.) have more impact than individual prevention strategies. This requires coordination and communication between existing groups. How capable a community is at forming a coalition of significant individuals and marshalling other critical resources will determine to a large extent its level of readiness for prevention.

There are nine identified stages of readiness that reflect stages of community change (Oetting, et al, 1995). These stages are largely dictated by two factors, the involvement of key individuals and the norms of the community. Levels of readiness range from complacency toward behaviors (such as teen drinking) to a highly coordinated AOD prevention effort implemented by highly trained staff and valued by the majority of the community. Most communities fall in between these two levels.

Community readiness assessment data was gathered through a semi-structured key informant interview developed by the Tri-Ethnic Center for Prevention Research at Colorado State University. The use of key informant interviews has been established as a valuable method for assessing community characteristics (Hagedorn et. al., 1976). The Community Readiness Interview has 25 questions (36 questions are used in a longer, more detailed interview) designed specifically to assess a community's readiness for alcohol and drug prevention. All questions are related to one of six dimensions that have been determined to be important for successful prevention. These dimensions include:

- A. existing prevention efforts**
- B. community knowledge about prevention efforts**
- C. leadership for prevention efforts**
- D. community climate**
- E. knowledge about the problem**
- F. resources for prevention (Plested et. al., 1998).**

This round of interviews focused on the business community because it is an essential component of both leadership and infrastructure of any community. It also reflects the leadership and norms of the Monadnock Region. The readiness assessment continues with interviews in the education, law enforcement, health, and government sectors throughout this summer.

Monadnock Voices for Prevention (MVP) is funded by a federal prevention grant awarded to New Hampshire and has been working with local coalitions for over two years. The following tables include the scores calculated from the interviews conducted and the interventions planned or completed by MVP and their prevention partners.

Stages of Readiness

The first stage is *No Awareness or complacency*, where the use of certain substances by certain groups, such as alcohol use by high school students, is tolerated and therefore condoned. Those who do not engage in the behavior may be seen as different. Interventions in this community would include small group or one to one meetings with leaders to identify the norms that support or condone drug use. This small group format would also be used to educate about the consequences of alcohol and drug use and begin the process of increasing community readiness.

The second stage is *Denial or resistance*, or the understanding by community members that alcohol use could be a problem but it does not happen within this area. This stage could also be the position of a community that knows there is a problem but does not believe that anything can be done about it or that nothing needs to be done. Education to small interested groups and community leaders can motivate sponsorship of programs, particularly if associated with a local incident (e.g., DWI accident, alcohol related suicide, arrest of prominent athlete for drug use).

The third stage identifies a *Vague Awareness* because the community believes that there may be a problem and something ought to be done about it but there is little understanding of the facts. Leadership does not exist or is not motivated to do anything about the vaguely defined problem. A local media campaign would be a good intervention in this stage, particularly emphasizing the consequences for local substance abuse.

***Preplanning* is the fourth stage of community readiness. Communities in this stage have identified a problem as well as key leaders; however no real planning has begun. Educational programs that include local substance abuse rates and the concept of prevention specific programs presented to community leaders, and sponsoring group activities to increase community awareness would be effective strategies to increase this community's level of readiness. Local media campaigns would begin to include specific ways to decrease demand for drugs and alcohol.**

The fifth stage of community readiness is *Preparation* and signifies that planning is taking place and details are practical and focused. Leadership is active and a trial program may have started with ongoing efforts to secure funding. Intervention strategies for the preparation stage include prevention specific education to the general public, addressing specific program needs of the sponsoring groups and other leaders, and emphasizing the benefits of reducing substance abuse through various media outlets (e.g., radio, local television stations, newspapers). This would appear to be the minimum level of readiness for the implementation of the systematic prevention interventions described above, because educated leadership of key individuals is required.

The sixth stage of readiness is signaled by the public kick off of the prevention program and is called *Initiation*. Staff members providing prevention programs are in-training but risk factors are not yet clearly identified. Moving to a higher level of readiness requires additional training for prevention and teaching staff and leaders regarding the specific nature of the substance abuse problem in the local community. While time-limited grants can bring a community to this point they cannot take it beyond. By definition, to move beyond this stage a community must own its problem and its programming must be self-sustaining.

The following stages of readiness evidence a high level of community development not found in most communities unless a great deal of resources has been devoted to this effort for a substantial period of time. The *Stabilization* stage of development is characterized by one or more programs operating with the support of community administration and acknowledged as valuable. Staff is trained, funding is relatively stable, but there is little

known motivation to change. Strategies to enhance readiness at this stage would include training for prevention staff regarding evaluation and new trends in drug use and intervention by professional trainers. Regular reviews of the program are encouraged with media coverage of special recognition.

The eighth stage of development is *Confirmation/Expansion*. Programs are acknowledged as valuable and additional efforts are made to expand the programs to reach new groups for services. Data is collected regularly, and new programs developed and funding sought. Interventions for enhanced community development continue to provide professional training to begin to target specific groups for specialized programming. Results of evaluation and research obtained from the prevention programs are presented to the community through media as are recognition events.

The final stage of community readiness is the *High Level of Community Ownership*. The prevention programming has reached a level of integration in the community where staff is routinely and professionally trained, assessment and evaluation is ongoing and results in program adaptation, and the community in general is involved. Interventions are intended to maintain the efforts and include continued appropriate training for the highly qualified prevention and teaching staff, evaluation of programs and associated personnel, and updates for the community leaders and general public.

Moving through these stages of readiness increases the community's effectiveness and continuity. "Enduring, coordinated, and comprehensive prevention efforts at the local level are more likely to have the desired impact..." (Kumpfer et al, 1997; pg. 15), that is, they are most likely to change the norms that have condoned drug use and abuse in the past (Hansen & Graham, 1991).

It is important to note that each of the stages of readiness and key factors associated with readiness do not necessarily follow an order exactly, and the movement may stagnate or reverse for periods of time. These factors exist along a continuum and can change over time. Community readiness is a dynamic process. These early findings will be added to scores of all sectors and a final Community Readiness Score computed, with a report posted on or about October 1, 2010. This will guide MVP and its partners in their planning process.

Dimension A - Existing Prevention Efforts

Score: 5.166 = Preparation

Goal: Gather existing information with which to plan strategies.

MVP has done		Select this intervention....
X	Conduct school drug and Alcohol surveys.	
X	Conduct community surveys.	
	Sponsor a community picnic to kick off the effort	
X	Conduct public forums to develop strategies from the grassroots level.	
	Utilize key leaders and influential people to speak to groups and participate in local radio and tv shows.	
X	Plan how to evaluate the success of your efforts	

Dimension B, Community Knowledge about Prevention Efforts

Score: 2.25 = Denial or Resistance

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

MVP has done		Select this intervention....
X	Continue 1 on 1 visits and encourage those you've talked with to assist.	
X	Discuss descriptive local incidents related to the issue.	
X	Approach and engage local	

	educational/health outreach programs to assist in the effort with flyers, posters or brochures.	
X	Begin to point out media articles that describe local critical incidents.	
	Prepare and submit articles for church bulletins, local newsletters, club newsletters, etc.	
X	Present information to local related community groups.	

A. (Note that media efforts at the lower strategies must be lower intensity as well. For ex., Place media items in places where they are very likely to be seen,...)

Dimension C, Leadership for Prevention Efforts

Score: 3.3 = Vague Awareness

Goal: Raise awareness that the community can do something.

MVP has done		Select intervention....
X	Get on the agendas and present information to local community events and to unrelated community groups.	
X	Post flyers, posters and billboards.	
	Begin to initiate your own events (potluck...) and use those opportunities to present information on the issue.	
X	Conduct informal local surveys and interview with community people by phone or door to door.	
X	Publish newspaper editorials and	

	articles with general information and local implications.	

Dimension D, Community Climate

Score: 2.76 = Denial / Resistance

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

MVP has done		Select this intervention....
X	Continue 1 on 1 visits and encourage those you've talked with to assist.	
X	Discuss descriptive local incidents related to the issue.	
X	Approach and engage local educational/health outreach programs to assist in the effort with flyers, posters or brochures.	
X	Begin to point out media articles that describe local critical incidents.	
x	Prepare and submit articles for church bulletins, local newsletters, club newsletters, etc.	
X	Present information to local related community groups.	

(Note that media efforts at the lower strategies must be lower intensity as well. For ex., Place media items in places where they are very likely to be seen rather than a larger distribution)

Dimension E, Knowledge about the Problem

Score: 2.76 = Denial to Vague Awareness

Goal: Raise awareness that the community can do something.

MVP has done		Select intervention....
X	Get on the agendas and present information to local community events and to unrelated community groups.	
X	Post flyers, posters and billboards.	
	Begin to initiate your own events (potluck...) and use those opportunities to present information on the issue.	
X	Conduct informal local surveys and interview with community people by phone or door to door.	
X	Publish newspaper editorials and articles with general information and local implications.	

Dimension F, Resources for Prevention

Score: 2.66 = Denial / Resistance

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

MVP has done		Select this intervention....
X	Continue 1 on 1 visits and encourage those you've talked with to assist.	

X	Discuss descriptive local incidents related to the issue.	
X	Approach and engage local educational/health outreach programs to assist in the effort with flyers, posters or brochures.	
X	Begin to point out media articles that describe local critical incidents.	
	Prepare and submit articles for church bulletins, local newsletters, club newsletters, etc.	
X	Present information to local related community groups.	

(Note that media efforts at the lower strategies must be lower intensity as well. For example, place media items in places where they are very likely to be seen)

The input from all those who participated is greatly appreciated and obviously very important. This interim report was conducted and compiled by Dr. Lori Thornton, the Evaluator at MVP. Please feel free to contact her if you have any additional questions at 603-357-1922.