

**Assing Community Readiness to Engage in a Comprehensive Approach to
Prevent Underage Drinking in Gallia, Jackson, and Meigs Counties**

SFY24

Prepared by:

Gallia-Jackson-Meigs Alcohol, Drug Addiction & Mental Health (ADAMH) Board

in collaboration with

Gallia County HOPE (Healing, Outreach, Prevention, Education) Coalition

Jackson County SPARC (Substance abuse Prevention & Addiction Resource Council)

Meigs County Prevention Coalition



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Additional information about the SPF-PFS in Southeast Ohio may be found: <https://www.spfpfs-seo.com/>

Additional information about the Gallia-Jackson-Meigs ADAMH Board may be found: <https://new.gjmboard.org/>

Information about the Gallia County HOPE (Healing, Outreach, Prevention, Education) Coalition may be found: <https://galliaprevention.com/>

Information about the Jackson County SPARC (Substance abuse Prevention & Addiction Resource Council) may be found: <https://jacksonprevention.com/>

Information about the Meigs County Prevention Coalition may be found: <https://meigsprevention.com/>

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Gallia-Jackson Meigs SFY23 Community Readiness Assessment Report

Introduction

In SFY23, the Gallia-Jackson-Meigs Alcohol, Drug Addiction & Mental Health (ADAMH) Board engaged in the SPF-PFS Community of Practice in Southeast Ohio, funded by SAMHSA under Grant Number 5H79SP081638 (CDFA 93.243), “Strategic Prevention Framework – Partnerships for Success (SPF-PFS).” Federally, the overall goal of the SPF-PFS Initiative is to build lasting, sustainable capacity to address underage drinking and other substance use and misuse. Locally, the goal of the SPF-PFS Community of Practice in Southeast Ohio is to address underage drinking among persons aged 9 to 20 by having community coalitions develop a comprehensive, data-driven plan to implement evidence-based strategies that are culturally relevant and sustainable. To develop this plan, coalitions must understand the community’s readiness to engage in prevention related strategies and then identify ways to develop that community readiness to achieve prevention goals.

As part of the SPF-PFS project needs assessment process, the Gallia-Jackson-Meigs Alcohol, Drug Addiction & Mental Health (ADAMH) Board collaborated with three local prevention coalitions, Gallia County HOPE, Jackson County SPARC, and the Meigs County Prevention Coalition to complete a community readiness assessment.

Members of the CRA team for Gallia, Jackson and Meigs Counties included:

- Shannon Dalton, Project Director, Interviewer, Scorer and Report Writer
- Erik Miller, CRA Team Member, Plan Developer
- Crystal Miller, CRA Team Member, Plan Developer
- Lindsay Sullivan, CRA Team Member, Plan Developer
- Brian Howard, Interviewer
- Molly Levacy, Interviewer
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- Christi Bartman, CRA Team Member, Plan Developer
- Thom Mollohan, CRA Team member, Interviewer, Scorer, Plan Developer
- Ashley Fetherolf, CRA Team member, Plan Developer

This report provides the results of Gallia, Jackson and Meigs Counties community readiness assessment and details how the community readiness assessment was conducted. In the Summer 2023, the CRA Team:

- Conducted a Community Readiness Assessment (CRA) to better understand local conditions that guide appropriate underage drinking prevention strategies.

- Developed the knowledge and skills needed to increase infrastructure and support coalition sustainability.
- Enhanced strategic planning efforts through data-driven decision-making.
- Engaged in professional development and leadership skill-building opportunities.

Community Readiness and Its Importance

Community readiness is the degree to which a community is willing and prepared to take action on an issue that affects the health and well-being of the community. Community readiness extends traditional resource-based views of how to address issues in communities by recognizing that efforts must have human, fiscal, and time resources, along with the *support* and *commitment* of its members and leaders. Community readiness is issue-specific, community-specific, and can change over time.

As prevention science has developed, prevention practitioners have realized that understanding a community’s level of readiness is key to selecting prevention programs, efforts, and strategies that fit the community and to realizing positive prevention outcomes. In addition, work by NIDA (1997) highlights that community readiness is a process and factors associated with it can be objectively assessed and systematically enhanced (National Institute on Drug Abuse, 1997).

Tri-Ethnic Community Readiness Model

The Tri-Ethnic Community Readiness Model (TE-CRM) is an innovative method for assessing the level of readiness of a community to develop and implement prevention and other intervention efforts. The TE-CRM was developed by researchers at the Tri-Ethnic Center for Prevention Research (Oetting, Donnermeyer, Plested, Edwards, Kelly, and Beauvais, 1995) to help communities be more successful in their efforts to address a variety of important issues, such as drug and alcohol use, HIV/AIDS prevention, intimate partner violence, obesity/nutrition, and other public health initiatives.

The TE-CRM measures five dimensions of community readiness:

- Community Knowledge of the Issue;
- Community Knowledge of Efforts;
- Community Climate;
- Leadership; and
- Resources

The TE-CRM assesses the five dimensions of community readiness using nine stages; ranging from “no awareness” of the problem to “high level of community ownership” in response to the issue. Table 1 presents a complete list of the stages of community readiness and a brief example of each stage.

Table 1. Stages of Community Readiness

Stage	Description	Example
1	No awareness	“It’s just the way things are.”
2	Denial/resistance	“We can’t do anything about it.”
3	Vague awareness	“Something should be done, but what?”
4	Preplanning	“This is important—what can we do?”
5	Preparation	“We know what we want to do and we are getting ready.”
6	Initiation	“We are starting to do something.”
7	Stabilization	“We have support, are leading, and we think it is working.”
8	Confirmation/expansion	“Our efforts are working. How can we expand?”
9	Community ownership	“These efforts are part of the fabric of our community.”

A community can be at different stages of readiness on each of the five dimensions of community readiness. The TE-CRM process results in readiness scores for each of the dimensions. The readiness scores for each of the dimensions are then combined to create a final overall readiness score for the community on a particular issue. This overall score provides a snapshot of how willing the community issue to address an issue. In addition, the readiness scores for the individual dimensions are useful for understanding more about community readiness around the issue and for identifying and developing strategies to increase readiness.

The Tri-Ethnic Community Readiness Assessment Process

The TE-CRM includes a six-step process for assessing community readiness to address an important issue. These steps include:

- 1) Identifying a problem of practice to focus the community readiness assessment
- 2) Defining the community. For this assessment, “community” was defined as Gallia, Jackson and Meigs Counties.
- 3) Conducting and recording structured interviews with key respondents in the Gallia, Jackson and Meigs Counties community.
- 4) Obtaining transcripts of the community readiness interview recordings.
- 5) Scoring the interviews and calculating overall and dimension-specific readiness scores.
- 6) Creating a report describing the community readiness assessment process and presenting the community’s readiness scores.

Selecting a Problem of Practice

Because community readiness is issue specific, communities must first identify a problem of practice to guide the community readiness process. Under the scope of the SPF-PFS Initiative, all three participating coalitions were required to focus their assessment on a common problem of practice – How ready is my community to engage in a comprehensive approach to prevent underage drinking? This problem of practice was selected because the Strategic Prevention

Framework – Partnerships for Success (SPF-PFS) Community of Practice in Southeast Ohio Initiative seeks to align the work of participating sub-recipient grantees with SAMHSA’s overall goal of the SPF-PFS Initiative: addressing underage drinking among persons aged 9 to 20.

Key Informant Interviews

A key component of the TE-CRM is conducting interviews with 5-8 key informants in the community. Key informants are often individuals in the community who are knowledgeable about the community, but not necessarily leaders or decision-makers. Good key informants for community readiness interviews are community members who are involved in community affairs and who know what is going on—those with “big ears.” It is important to note that the purpose of the TE-CRM is to assess the readiness of the *community* and not the *individual* to address the problem of practice; as such, individuals with lived experience with the problem of practice often have difficulty balancing community perspectives with their own experiences. By using a cross section of individuals, a more complete and accurate measure of the level of readiness to address the problem of practice can be obtained. TE-CRM key informant interviews involve approximately 35-40 questions from a structured interview guide developed by the Tri-Ethnic Center that are adapted to the community and the issue being addressed. The TE-CRM interview guide is included in this report (see Appendix A). TE-CRM interviews are recorded so that a transcript can be created for the scoring process. Key informant interviews in Gallia, Jackson and Meigs Counties were conducted in August 2023.

Scoring Community Readiness Interviews Using the TE-CRM

After interviews are complete, each interview is transcribed. The TE-CRM community readiness interview transcripts are scored individually by at least two scorers following specific guidance developed by the Tri-Ethnic Center. Each interview is scored on a scale from 1-9 (depending on the stage of readiness) on each of the five dimensions and an overall community score is calculated. Individual scorers then come together and agree on the scores of each dimension for each interview (called a “consensus score” in the TE-CRM). Scores are then averaged across interviews for each dimension, and the final community readiness score is the average across the six dimensions. This final score gives the overall stage of readiness for the community to address this issue.

Community Readiness Assessment Results

Gallia, Jackson and Meigs Counties Problem Statement

How ready are Gallia, Jackson and Meigs Counties to engage in a comprehensive approach to prevent underage drinking?

This problem statement is the focus of this Community Readiness Assessment.

Community Readiness Scores

Gallia, Jackson and Meigs Counties conducted nine community readiness interviews between July and August 2023. Table 2 summarizes the timeframe of when the interviews were conducted and the community sectors represented by the interview respondents.

Table 2. Interview Information

Interview	Date	Community Sector Represented
1	7/7/2023	School and/or education provider
2	7/7/2023	Community member
3	8/3/2023	Public safety
4	8/3/2023	Court system worker
5	8/9/2023	Government agency leader
6	8/18/2023	School and/or education provider
7	8/20/2023	Mental health and treatment service provider
8	8/20/2023	Member of a local coalition
9	8/21/2023	Spiritual/religious leader

Gallia, Jackson and Meigs Counties then scored the interviews using the individual and consensus scoring guidance from the TE-CRM. Table 3 is a summary of Gallia, Jackson and Meigs Counties interview scores for each dimension.

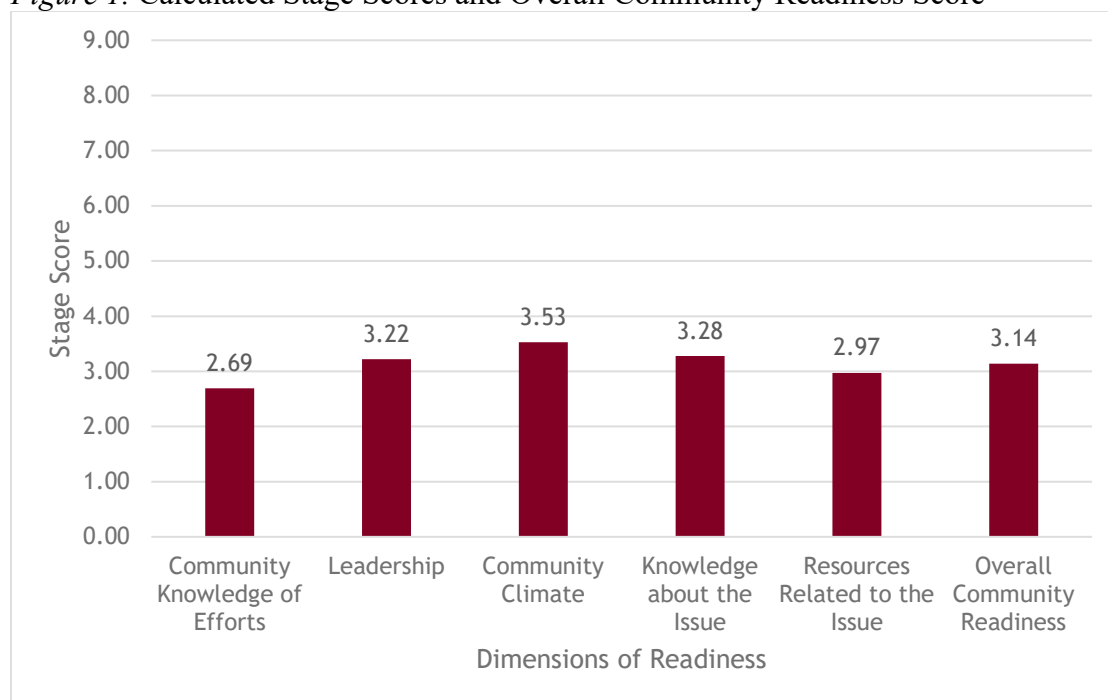
Table 3. Combined Interview Scores by Dimension

Dimension	Interview									Combined Score
	1	2	3	4	5	6	7	8	9	
<i>Community Knowledge of Efforts</i>	4.0	1.75	0.50	1.0	4.0	1.75	4.0	3.25	4.0	24.25
<i>Leadership</i>	4.0	3.0	1.5	2.0	3.0	3.5	4.0	4.0	4.0	29
<i>Community Climate</i>	4.0	3.0	3.0	3.5	3.0	3.25	3.75	4.75	3.5	31.75
<i>Knowledge about the Issue</i>	4.0	3.0	3.0	3.0	4.0	3.25	2.5	3.75	3.0	29.5
<i>Resources Related to the Issue</i>	4.0	2.75	1.5	2.75	4.25	3.0	2.5	3.0	3.0	26.75

Stage scores are calculated by taking combined score and dividing by the number of interviews conducted. The average overall Stage of Readiness is calculated by summing the stage scores and dividing by the 5 dimensions. Figure 1 displays the stage score for each dimension and the average overall stage of readiness. Please refer to Table 1 for an overview of the Stages of Community Readiness.

For Gallia, Jackson, and Meigs Counties, the Overall Stage of Readiness to engage in a comprehensive approach to prevent underage drinking is: 3.14. This score indicates that the community is in Stage 3: Vague Awareness.

Figure 1. Calculated Stage Scores and Overall Community Readiness Score



Highlights from Interview Participants about Readiness to Engage in a Comprehensive Approach to Prevent Underage Drinking

Quotes from interviewees in Table 4 are included to contextualize the Combined Scores presented in Table 3.

Table 4. Quotations from Interviewees

Community Knowledge of Efforts	<ul style="list-style-type: none"> • "I am very familiar with the substance use prevention coalition that has that organizes community members to address these issues and has, you know, community events that are aiming at that area. But I would say, too, I know that our schools, I don't know if they still do, that's the issue...I know that there's conversation around this kind of topic, usually during specific times of the year, maybe prom time, something like that. But I think that prevention coalition, I know that our local agencies work for each the community to address these areas. And then I know the schools do to an extent, but not much." • "At the fairgrounds, during the fair that kids stay at the fairs, targeting teens and underage drinking and providing alternatives that way. That is one effort that I know that people are many members of the community in different organizations are coming together to help accomplish that."
Leadership	<p>"...it's important, I wouldn't say it's at the top of many leaderships and people and in leadership positions, top of their priority list, but I would say it is important but not at the top."</p>
Community Climate	<ul style="list-style-type: none"> • "I've noticed two perspectives from most of the community members that I've interacted with. Number one, I've noticed that they don't think it's happening here. There's like, either they genuinely don't believe it, or they don't want to believe that our teens are engaging in any kind of at risk behavior. Or they, they believe that it's happening, or they have recognized in some way big or small that it's happening. But there's not very much proactivity as far as addressing any kind of at risk behavior. So the the few community members I've interacted with that recognize that it's a need, don't really want to do much or want to be involved much and addressing that that behavior" • "I think culturally people believe that underage drinking is a rite of passage. And overall is essentially harmless. Because most kids get through it just fine. And I think those who might say they see a problem, really would say it's a problem for some kids. It's a problem for those kids, or a certain group of kids. But overall, yeah, it's what kids do. Everybody does." • "I think people understand that it occurs a lot. The misconception is the perception, how they their perception of how harmful it is, and what the long term consequences can be. I think they believe it to be a temporary thing that kids just pass through, it's harmless."
Knowledge about the Issue	<p>"So, something like using a substance that when your brain is still developing, I think I think people don't see the bigger picture of what something like drinking when you're not of legal age. I don't think that people see what that actually does later down the line. I don't think that people see the bigger picture of how that's affecting their day to day even the kids that are doing it, they don't see the bigger the long-term effects."</p>
Resources Related to the Issue	<ul style="list-style-type: none"> • "I would say like possible with that would be as that if the funding for it became an undue burden on the county such as a tax levy or kind of anything like that. I think that would be the only hang up. But I think if it was fiscally responsible, and, you know, it was easy to come by, I think that most everybody would be supportive" • "...everybody is tied on tight fiscally. So I would say that the least that they would have to put towards it. But as far as space time manpower, I think that if it was available, they willing put forward something."

Using Assessment Results to Develop Strategies to Build Readiness

With the information from this assessment, strategies can then be developed that will be appropriate for Gallia, Jackson and Meigs Counties. The first step in determining possible strategies to build readiness is to look at the distribution of scores across the five readiness dimensions. Generally, to move ahead with prevention programs, strategies, and interventions, community readiness levels should be similar on all five dimensions. If one or more dimensions have lower scores than the others, efforts should be focused on identifying and implementing strategies that will increase the community's readiness on that dimension (or those dimensions).

After reviewing these results, the Gallia, Jackson and Meigs Counties team identified that all three counties had little to no knowledge of efforts and lack of knowledge on the issue. We need to focus on how the community is aware of the presence of the Coalitions (Gallia and Jackson), find ways to further diversify capacity to include: youth, parents/caregivers, faith, concerned citizens, while educating the community on the prevalence, risks and consequences of underage drinking. As the coalition serving Meigs County, suffered leadership and loss of activity in the process, the goal and focus is to work on capacity building. Resources related to the issue was also low, which indicated lack of knowledge of community efforts, and lower priority as a problem.

A common thread in the interviews was lack of perception of harm, indicating that culturally drinking is widely accepted due to availability and prevalence of alcohol at community events and fundraisers. It appears to be a right of passage, that is not other drug use and that the perception of harm is not present.

Appendix: TE-CRM Interview Guide

Community Readiness Interview Questions

REMINDER: Where you see “(community),” please make sure to insert the name of the county or community you are focusing on.

1. For the following question, please answer keeping in mind your perspective of what community members believe and not what you personally believe.

On a scale from 1-10, how much of a concern is readiness to engage in a comprehensive approach to underage drinking prevention to members of (community), with 1 being “not a concern at all” and 10 being “a very great concern”? (*Scorer note: Community Climate*)

Can you tell me why you think it’s at that level?

Interviewer: Please ensure that the respondent answers this question in regards to community members NOT in regards to themselves or what they think it should be.

COMMUNITY KNOWLEDGE OF EFFORTS

I’m going to ask you about current community efforts to engage in a comprehensive approach to underage drinking prevention. By efforts, I mean any programs, activities, or services in your community that address engaging in a comprehensive approach to underage drinking.

2. Are there comprehensive efforts in (community) that address underage drinking prevention?

If Yes, continue to question 3; if No, skip to question 16.

3. Can you briefly describe each of these?

Interviewer: Write down names of efforts so that you can refer to them in #4-5 below.

4. How long have each of these efforts been going on? *Probe for each program/activity.*
5. Who do each of these efforts serve (e.g., a certain age group, ethnicity, etc.)?
6. About how many community members are aware of each of the following aspects of the efforts - none, a few, some, many, or most?
 - Have heard of efforts?
 - Can name efforts?
 - Know the purpose of the efforts?
 - Know who the efforts are for?
 - Know how the efforts work (e.g. activities or how they’re implemented)?
 - Know the effectiveness of the efforts?

7. Thinking back to your answers, why do you think members of your community have this amount of knowledge?

8. Are there misconceptions or incorrect information among community members about the

current efforts? *If yes:* What are these?

9. How do community members learn about the current efforts?
10. Do community members view current efforts as successful?
Probe: What do community members like about these programs? What don't they like?
11. What are the obstacles to individuals participating in these efforts?
12. What are the strengths of these efforts?
13. What are the weaknesses of these efforts?
14. Are the evaluation results being used to make changes in efforts or to start new ones?
15. What planning for additional efforts to engage in a comprehensive approach to underage drinking prevention is going on in (community)?

Only ask #16 if the respondent answered "No" to #2 or was unsure.
16. Is anyone in (community) trying to get something started to engage in a comprehensive approach to underage drinking prevention? Can you tell me about that?

LEADERSHIP

I'm going to ask you how the leadership in (community) perceives underage alcohol use. By leadership, we are referring to those who could affect the outcome of this issue and those who have influence in the community and/or who lead the community in helping it achieve its goals.

17. Using a scale from 1-10, how much of a concern is a comprehensive approach to underage drinking prevention to the leadership of (community), with 1 being "not a concern at all" and 10 being "a very great concern"?

Can you tell me why you say it's a _____?

- 17a. How much of a priority is engaging in a comprehensive approach to underage drinking prevention to leadership?

Can you explain why you say this?

18. I'm going to read a list of ways that leadership might show its support or lack of support for efforts to engage in a comprehensive approach to underage drinking prevention.

Can you please tell me whether none, a few, some, many or most leaders would or do show support in this way? Also, feel free to explain your responses as we move through the list.

How many leaders...

- At least passively support efforts without necessarily being active in that support?
- Participate in developing, improving or implementing efforts, for example by being a member of a group that is working toward these efforts?
- Support allocating resources to fund community efforts?
- Play a key role as a leader or driving force in planning, developing or

- implementing efforts? (prompt: How do they do that?)
 - Play a key role in ensuring the long-term viability of community efforts, for example by allocating long-term funding?
- 19. Does the leadership in the community support expanded efforts in the community to engage in a comprehensive approach to underage drinking prevention?
- 20. If yes: How do they show this support? For example, by passively supporting, by being involved in developing the efforts, or by being a driving force or key player in achieving these expanded efforts?
- 21. Who are leaders that are supportive of addressing this issue in your community?
- 22. Are there leaders who might oppose engaging in a comprehensive approach to underage drinking prevention? How do they show their opposition?

COMMUNITY CLIMATE

For the following questions, again please answer keeping in mind your perspective of what community members believe and not what you personally believe.

- 23. How much of a priority is addressing this issue to community members? Can you explain your answer?
- 24. I'm going to read a list of ways that community members might show their support or their lack of support for community efforts to engage in a comprehensive approach to underage drinking prevention.

Can you please tell me whether none, a few, some, many or most community members would or do show their support in this way? Also, feel free to explain your responses as we move through the list.

How many community members...

- At least passively support community efforts without being active in that support?
 - Participate in developing, improving or implementing efforts, for example by attending group meetings that are working toward these efforts?
 - Play a key role as a leader or driving force in planning, developing or implementing efforts? (prompt: How do they do that?)
 - Are willing to pay more (for example, in taxes) to help fund community efforts?
- 25. About how many community members would support expanding efforts in the community to engage in a comprehensive approach to underage drinking prevention that incorporates the seven CDC strategies? Would you say none, a few, some, many or most?
- 26. If more than none: How might they show this support? For example, by passively supporting or by being actively involved in developing the efforts?
- 27. Are there community members who oppose or might oppose engaging in a comprehensive approach to underage drinking prevention? How do or will they show their opposition?

28. Are there ever any circumstances in which members of (community) might think that comprehensive approaches to underage drinking prevention should not be attempted? Please explain.

29. Describe (community).

KNOWLEDGE ABOUT THE ISSUE

30. On a scale of 1 to 10 where a 1 is no knowledge and a 10 is detailed knowledge, how much do community members know about engaging in a comprehensive approach to underage drinking prevention?

Why do you say it's a _____ ?

31. Would you say that community members know nothing, a little, some or a lot about each of the following as they pertain to engaging in a comprehensive approach to underage drinking prevention? (After each item, have them answer.)

- Underage drinking prevention, in general (*Prompt as needed with “nothing, a little, some or a lot”.*)
- the causes
- the consequences
- how often underage drinking occurs locally
- what can be done to prevent underage drinking
- the effects of underage drinking on family and friends?

32. What are the misconceptions among community members about underage drinking, e.g., why it occurs, how much it occurs locally, or what the consequences are?

33. What type of information is available in (community) about underage drinking prevention (e.g. newspaper articles, brochures, posters)? If they list information, ask: Do community members access and/or use this information?

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

If there are efforts to address the issue locally, begin with question 32. If there are no efforts, go to question 33.

34. How are current efforts funded? Is this funding likely to continue into the future?

35. I'm now going to read you a list of resources that could be used to engage in a comprehensive approach to underage drinking prevention in your community. For each of these, please indicate whether there is none, a little, some or a lot of that resource available in your community that could be used to address underage drinking prevention?

- Volunteers?
- Financial donations from organizations and/or businesses?
- Grant funding?
- Experts?
- Space?

36. Would community members and leadership support using these resources to address underage drinking prevention? Please explain.

37. On a scale of 1 to 5, where 1 is no effort and 5 is a great effort, how much effort are community members and/or leadership putting into doing each of the following things to increase the resources going toward engaging in a comprehensive approach to underage drinking prevention in your community?
- Seeking volunteers for current or future efforts to engage in a comprehensive approach to underage drinking prevention in the community.
 - Soliciting donations from businesses or other organizations to fund current or expanded community efforts.
 - Writing grant proposals to obtain funding to support engaging in a comprehensive approach to underage drinking prevention in the community.
 - Training community members to become experts.
 - Recruiting experts to the community.
38. Are you aware of any proposals or action plans that have been submitted for funding to engage in a comprehensive approach to underage drinking prevention in (community)?

If Yes: Please explain.

Additional Policy-Related Questions

39. What formal or informal policies, practices and laws related to this issue are in place in your community? (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.)
40. Are there segments of the community for which these policies, practices and laws may not apply, for example, due to socioeconomic status, ethnicity, age?
41. Is there a need to expand these policies, practices and laws? If so, are there plans to expand them? Please explain.
42. How does the community view these policies, practices and laws?

Demographics of Respondent (optional)

1. Gender:
2. What is your work title?
3. What is your race and ethnicity?
4. What is your age range? 19-24 __ 25-34 __ 35-44 __ 45-54 __ 55-64 __ 65 and above
5. Do you live in (community)? YES NO If no: What community? _____
6. How long have you lived in your community?
7. Do you work in (community)? YES NO If no: What community? _____
8. Do you live in (community)? YES NO If no: What community? _____