OHIO PARTNERSHIPS FOR SUCCESS GRANT PROGRAM

Ohio Department of Mental Health and Addiction Services

**DATA MINI-GRANTEE
ADAMS COUNTY**

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Ohio MHAS
Promoting wellness and recovery

Adams County SFY18 Community Readiness Assessment Report

Introduction

During SFY17, Adams County was one of two Data Mini-Grant communities funded under Ohio's Strategic Prevention Framework-Partnerships for Success (SPF-PFS) Initiative[1]. As part of the SPF-PFS project needs assessment process, each community completed a community readiness assessment. This report provides the results of Adams County's community readiness assessment and provides details about how the community readiness assessment was conducted.

Members of the community readiness assessment team for Adams County include:

- Sherry Stout, Project Director, Interviewer and Report Writer
- Sharon Ashley, CRA Team Member, Scorer
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- Linda Naylor, CRA Team Member, Interviewer

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, 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 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 and HIV/AIDs prevention.

The TE-CRM measures five dimensions of community readiness:

- Dimension A: Community knowledge of the issue;
- Dimension B: Community knowledge of efforts;
- Dimension C: Community climate;
- Dimension D: Leadership; and
- Dimension E: Resources

In addition to the five dimensions of community readiness, the TE-CRM includes nine stages of community readiness, 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 (which will be described further below) 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 is 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 Adams County.
3) Conducting and recording structured interviews with key respondents in the Adams County 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 first worked through a data-driven process to identify a problem of practice to guide the community readiness process. This process involved conducting a scan of available data to identify a priority problem (issue); identifying a priority population; mapping outcome variables associated with that priority problem; and creating a problem statement that detailed how the community was defined, what the key issue of focus was, and why it was an issue. Communities were required to focus their efforts on either underage drinking or prescription drug misuse/abuse among persons aged 12-25.

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 Adams County were conducted in April 2018.

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 Results for Adams County

Adams County Problem Statement

During SFY18, Adams County engaged in a data-informed process to select a priority problem and priority population for its SPF-PFS efforts. Adams County selected *Underage Drinking* as the priority problem and chose to focus on 7th through 12th grade students in the Ohio Valley Local School District and the Manchester School District located in Adams County, Ohio. Their approved problem statement is:

According to the 2017 OHYES! Assessment data, 15.5% of all students drank one or more drinks during the past 30 days. In addition, the 30 day use went from less than 3.2% of 7th grade students to 30.7% of 11th grade students and 32% of 12th grade students.

This problem statement is the focus of this community readiness assessment.

Community Readiness Scores

Adams County conducted eight community readiness interviews in April 2018. The table below summarizes the timeframe of the interviews and the community sectors represented by the interview respondents.

Table 3. Interview Information

| Interview	Date	Community Sector Represented
1	4/19/2018	Other: Casework Supervisor
2	4/19/2018	Member of faith-based community
3	4/19/2018	School and/or education provider
4	4/23/2018	Community member
5	4/25/2018	County government official (from county agency)
6	4/25/2018	Other: Law Enforcement
7	4/25/2018	Business community leader/member
8	4/26/2018	Medical professional

Adams County then scored the interviews using the individual and consensus scoring guidance from the TE-CRM.

The following table is a summary of Adams County's interview scores for each dimension.

Table 4. Combined Interview Scores by Dimension

Dimension	Interview								Combined Total Score of 8 Interviews
	1	2	3	4	5	6	7	8	
Dimension A: *Community Knowledge of Efforts*	4	5	1.75	1	1.5	3.5	3.5	1.5	21.8
Dimension B: *Leadership*	4	4.5	3.5	3	4.5	4	4.5	4	32
Dimension C: *Community Climate*	4	5	3.5	1.25	4	4	4.5	4	30.3
Dimension D: *Knowledge about the Issue*	3.5	3.5	2	3	4	4.5	4	4	28.5
Dimension E: *Resources Related to the Issue*	2	2.5	2	2	2	3	3	2.5	19

Figure 1. Calculated Stage Score for Individual Dimensions
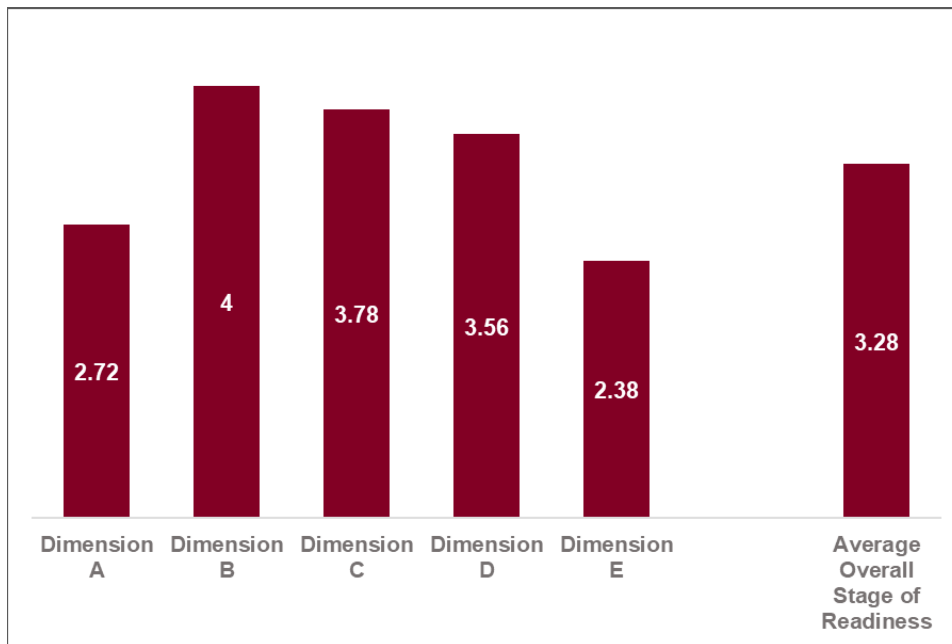
Adams County's Average Overall Stage of Readiness is: 3.28. This score indicates that the community is in **Stage 3: Vague Awareness**.

Highlights from Interview Participants about Readiness to Address Underage Drinking

The quotations below are included to illustrate the scores in Table 4.

Dimension A: *Community Knowledge of Efforts*	"I don't think there's a lot of prevention efforts. The community thinks that the drug problem is a lot worse than the alcohol problem."
Dimension B: *Leadership*	"There is a lot of passive support for issues. Community is more 'focused on the money problem with the power plants leaving.'"
Dimension C: *Community Climate*	"Oh, its just beer. It's alright." "Everybody has done it through the years."
Dimension D: *Knowledge about the Issue*	"Don't think a lot of people understand the consequences [of underage drinking] at all."
Dimension E: *Resources Related to the Issue*	"I am not aware of any funding for efforts to deal with underage drinking [two people used this same phrase]."

Using Assessment Results to Develop Strategies to Build Readiness

With the information from this assessment, strategies can be developed that will be appropriate for Adams County. The first step in determining possible strategies to build readiness is to look at the distribution of scores across the five readiness dimensions. 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 increase the community's readiness on that dimension (or those dimensions).

After reviewing these results, the Adams County team felt the community had little to no knowledge of efforts. The Health & Wellness Coalition was mentioned twice because those people (interviewees) had been or are members. Most people did mention the sheriff's young deputy boot camp program. This receives a lot of press coverage each summer. Dimension E was also low indicating people may think this is problem, but it is not a priority.

People stated there was no leadership on a county level. It appears adults are apathetic and thankful that the underage drinking is not opioid drug use.

Appendix A: TE-CRM Interview Guide

Ohio SPF-PFS Initiative- Community Readiness Interview Questions

REMINDER: Where you see "(issue)," fill in with the issue you would like to address and any specifics about that issue (i.e., underage drinking among 12-18 year olds). 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 (*issue*) 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 address (*issue*). By efforts, I mean any programs, activities, or services in your community that address (*issue*).

2. Are there efforts in (*community*) that address (*issue*)?

   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 address (*issue*) 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 address (*issue*)? Can you tell me about that?

LEADERSHIP

I'm going to ask you how the leadership in (community) perceives (issue). 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 (issue) 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 addressing this (issue) 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 address (issue).

    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 support expanded efforts in the community to address (*issue*)?

    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?

20. Who are leaders that are supportive of addressing this issue in your community?

21. Are there leaders who might oppose addressing (*issue*)? 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.

22. How much of a priority is addressing this issue to community members?

    Can you explain your answer?

23. 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 address (*issue*).

    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?

24. About how many community members would support expanding efforts in the community to address (*issue*)? Would you say none, a few, some, many or most?

    If more than none: How might they show this support? For example, by passively supporting or by being actively involved in developing the efforts?

25. Are there community members who oppose or might oppose addressing (*issue*)? How do or will they show their opposition?

26. Are there ever any circumstances in which members of (*community*) might think that this issue should be tolerated? Please explain.

27. Describe (*community*).

KNOWLEDGE ABOUT THE ISSUE

28. 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 (*issue*)?

    Why do you say it's a _____?

29. Would you say that community members know nothing, a little, some or a lot about each of the following as they pertain to (*issue*)? (*After each item, have them answer.*)

    - (*issue*), in general (*Prompt as needed with "nothing, a little, some or a lot".*)

    - the signs and symptoms

    - the causes

    - the consequences

    - how much (*issue*) occurs locally (or the number of people living with (*issue*) in

      your community)

    - what can be done to prevent or treat (*issue*)

    - the effects of (*issue*) on family and friends?

30. What are the misconceptions among community members about (*issue*), e.g., why it occurs, how much it occurs locally, or what the consequences are?

31. What type of information is available in (*community*) about (*issue*) (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.

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

33. I'm now going to read you a list of resources that could be used to address (*issue*) 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 (*issue*)?

- Volunteers?

- Financial donations from organizations and/or businesses?

- Grant funding?

- Experts?

- Space?

34. Would community members and leadership support using these resources to address (*issue*)? Please explain.

35. 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 addressing (*issue*) in your community?

- Seeking volunteers for current or future efforts to address (*issue*) in the community.

- Soliciting donations from businesses or other organizations to fund current or expanded community efforts.

- Writing grant proposals to obtain funding to address (*issue*) in the community.

- Training community members to become experts.

- Recruiting experts to the community.

36. Are you aware of any proposals or action plans that have been submitted for funding to address (<mark>*issue*</mark>) in (<mark>*community*</mark>)?

    If Yes: Please explain.

Additional policy-related questions:

37. 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.)

38. Are there segments of the community for which these policies, practices and laws may not apply, for example, due to socioeconomic status, ethnicity, age?

39. Is there a need to expand these policies, practices and laws? If so, are there plans to expand them? Please explain.

40. 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 or ethnicity?

___ Anglo ___ African American

___ Hispanic/Latino/Chicano ___ American Indian/Alaska Native

___ Asian/Pacific Islander ___ Other_____

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? _____

5. Do you live in (*community*)? YES NO If no: What community? _____