IOWA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF SUBSTANCE ABUSE

IPN Assessment Guide

January 2020

Preface

Welcome to the Assessment step of the Strategic Prevention Framework. The Iowa Department of Public Health (Department) has developed this document which contains materials for Integrated Provider Network (IPN) funded contractors. The resources identified within this guide will be utilized during the Assessment step which will be conducted during the timeframe of January 1, 2020 through June 30, 2020. This guide outlines how the Assessment step will be addressed through the IPN grant. Also included in this document are the following assessment deliverables:

1. **Sample Memorandum of Understanding**
2. **Logic Model**
3. **County Assessment Workbook**
4. **Community Readiness Assessment Process**

Detailed instructions describing the steps to successfully complete each assessment deliverable are outlined throughout this guide. IPN contractors must assure that each assessment deliverable is fully implemented within each county of an awarded Service Area.

By completing each assessment deliverable, IPN contractors will collaborate with local stakeholders to begin the process for selecting data-driven prevention strategies that address the five prevention priority areas identified in the IPN Request for Proposal.

Throughout this process, IPN contractors are encouraged to contact Julie Hibben and Katie Bee using the IPN Helpdesk at ipn@idph.iowa.gov with any questions.

Sections of this guide were adapted from material developed by the following organizations/sources:

Community Readiness for Community Change, Tri-Ethnic Center for Prevention Research, Colorado State University

Wyoming's Community Needs Assessment Workbook, Wyoming Epidemiological Workgroup

Deliverable Submission Process

Deliverable	Due Date	Submission Process
Signed Memorandum of Understanding (MOU)	June 30, 2020	Submitted to Julie Hibben and Katie Bee through Iowagrants.gov correspondence
Logic Model	June 30, 2020	Submitted to Julie Hibben and Katie Bee through Iowagrants.gov correspondence
County Assessment Workgroup (CAW)	June 30, 2020	Submitted to Julie Hibben and Katie Bee through Iowagrants.gov correspondence
Community Readiness Scoring Sheets	June 30, 2020	Submitted to Julie Hibben and Katie Bee through Iowagrants.gov correspondence

Introduction

The Strategic Prevention Framework

The Strategic Prevention Framework (SPF) is a planning process for preventing substance misuse and problem gambling. The five steps and two guiding principles of the SPF offer prevention professionals a comprehensive process for addressing substance misuse and problem gambling, as well as the related behavioral health problems facing their communities. The effectiveness of the SPF begins with a clear understanding of community needs and involves community members in all stages of the planning process.

The SPF planning process has five distinctive features. The SPF is:

Data driven: Good decisions require data. The SPF is designed to help practitioners gather and use data to guide all prevention decisions—from identifying which substance misuse and problem gambling issues to address in their communities, to choosing the most appropriate ways to address those issues. Data also helps practitioners determine whether communities are making progress in meeting their prevention needs.

Dynamic: Assessment is more than just a starting point. Practitioners will return to this step again and again as the prevention needs of their communities change, and as community capacity to address these needs evolve. Communities may also engage in activities related to multiple steps simultaneously. For example, practitioners may need to find and mobilize additional capacity to support implementation once an intervention is underway. For these reasons, the SPF is a circular, rather than a linear, model.

Focused on population-level change: Effective prevention means implementing multiple strategies that address the constellation of risk and protective factors associated with substance misuse and problem gambling in a given community. In this way, we are more likely to create an environment that helps people support healthy decision-making.

Intended to guide prevention efforts for people of all ages: Substance misuse and problem gambling prevention has traditionally focused on adolescent use. The SPF challenges prevention professionals to look at substance misuse and problem gambling among populations that are often overlooked but are at significant risk, such as young adults ages 18 to 25 and adults age 65 and older.

Reliant on a team approach: Each step of the SPF requires, and greatly benefits from, the participation of diverse community partners. The individuals and institutions you involve will change as your initiative evolves over time, but the need for prevention partners will remain constant.

Five Steps of the Strategic Prevention Framework Process

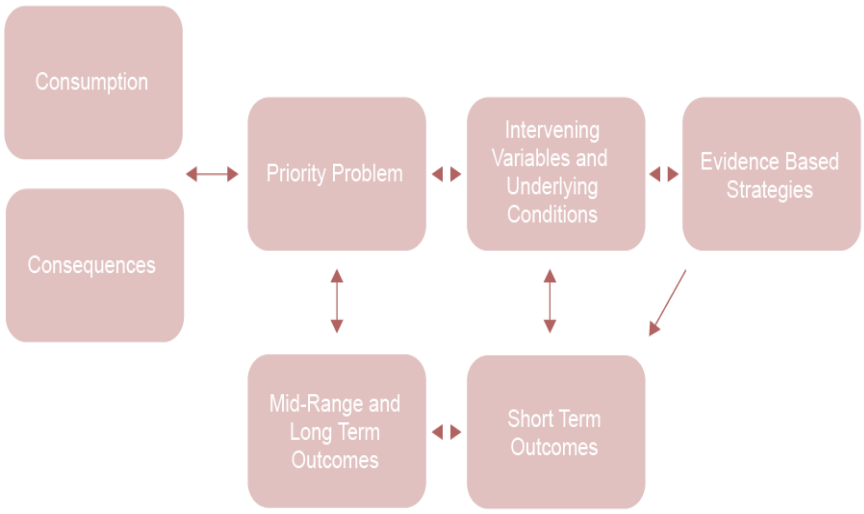
The first step of the SPF model is Assessment, which involves the gathering and examination of data related to substance misuse and problem gambling, as well as the related consequences, community climate, environment, and infrastructure/resources.

Just like when building a house, having a strong foundation is essential. Investing time in a thorough assessment will increase the likelihood that your efforts will achieve the desired change that you are seeking. While many communities across the country are impacted with the negative consequences of substance misuse and problem gambling, the specific variables and conditions that create an environment in which this occurs can be different from one community to another. Identifying the scope of the problem (by looking at the consequences and consumption county trends) and the specific variables and conditions that are contributing to the problem, IPN contractors will be better able to focus resources on the specific things that need to be changed. By design, this County Assessment Workbook is intended to walk counties through the assessment process in a step-by-step manner to assess local needs and resources.

Outcome-Based Prevention

The foundation of the SPF model is Outcome-Based Prevention. This process details the planning steps that must occur for community-level change. The visual representation of this is also known as a logic model. Building the logic model begins with careful identification or mapping of the local substance misuse and problem gambling issues (and associated patterns of substance use and consequences among the population affected) and the factors or intervening variables that contribute to them.

Figure 2: Outcome-Based Prevention



Priority Problem is the substance or issue to be addressed.

A **Theory of Change Statement** is a strategic overview of the multiple strategies required to produce the short-term and mid-range outcomes which need to occur to achieve the identified long-term outcome. A Theory of Change Statement focuses on describing how and why the desired change is expected to come about.

Consumption refers to the way people misuse substances and engage in problem gambling behaviors. For example, the number of young adults who have used alcohol in the last 30 days. Consumption information can also give insight into specific groups that have concerning rates of use, such as high rates of use by non-college young adults, or older adults. When looking at consumption data, consider the following questions:

- **What** substance use and problem gambling issues (for example, overdoses and alcohol poisoning) and related behaviors (for example, prescription drug misuse and underage drinking) are occurring in your community?
- **How** often are these problems and related behaviors occurring (for example, during March Madness or around the holidays)?
- **Where** are these substance misuse and problem gambling issues, as well as other related behaviors occurring (for example, at home or in vacant lots; in small groups or during big parties)?

- **Who** is experiencing more of these substance misuse and problem gambling issues, as well as their related behaviors? For example, are they males, females, youth, adults, or members of certain cultural groups?

Consequences are the social, economic, and health problems associated with substance misuse and problem gambling. For example, the number of adults admitted to the emergency room as a result of alcohol use. Consequence and consumption information can also give insight on disparate populations that are disproportionately impacted by substance misuse.

Intervening Variables are the underlying factors that contribute to the problem. For example individual factors or lack of enforcement. Intervening variables answer the question "Why here?"

Underlying Conditions continue to drill down the intervening variables to figure out "But, why here?" For example, individual factors may be an issue in your community because there is a low perception of harm, due to lack of substance misuse and problem gambling education efforts or lack of messages from parents regarding "no use" expectations. The more specific you can be in identifying the specific conditions contributing to the problem in your community the more likely you are to match them with a strategy that will have the most impact.

Evidence-Based Strategies have documented evidence of effectiveness and preferably have been rigorously tested and shown to have positive outcomes in multiple peer-reviewed evaluation studies.

Outcomes specify the impact or specific intended results on the priority problem. It is useful to identify short-term, mid-range and long-term outcomes.

- **Short-term outcomes** are the immediate results of the evidence-based strategies. These are changes in intended knowledge, awareness, attitudes, skills, intentions, etc. and are attainable within weeks or months.
- **Mid-range outcomes** focus on changes in action related to the evidence-based strategies. These are changes in behaviors, procedures, policies, decisions that are a result of increased knowledge and awareness within months to years.
- **Long-term outcomes** are the conditions that change as a result of actions. These are changes in environment, substance use, or other conditions over a number of years.

Outcomes should also be written as SMART (Specific, Measurable, Achievable, Realistic, and Time-phased):

Memorandum of Understanding (MOU)

SPF Coalition

To move the SPF process forward with county input, IPN contractors must collaborate with the Community Partnership Grant (funded by the IDPH Division of Tobacco Use Prevention and Control) identified coalition or a subcommittee of this coalition. The 12 sectors listed below need to be engaged in the coalition or coalition subcommittee:

- Youth
- Parents
- Law enforcement
- Schools
- Businesses
- Media
- Youth-serving organizations
- Religious and fraternal organizations
- Civic and volunteer groups
- Healthcare professionals
- State, local, and tribal agencies with expertise in substance abuse
- Other organizations, including local public health, involved in reducing substance abuse

Source: Drug-Free Communities (DFC) Program, Community Anti-Drug Coalitions of America, 2019

The coalition or coalition subcommittee must include networks of people and organizations that bring substance misuse and problem gambling data, mental health data, analytical thinking, and epidemiological capacity to planning and decision-making in each county in the Service Area.

Involve key stakeholders, such as first responders, local healthcare providers, and law enforcement early in the process to ensure success through the SPF process. Local efforts to address substance misuse and problem gambling or other public health prevention priorities may already exist, and may have existing infrastructure and connections that may be leveraged to assist in completing this Assessment step both with diverse input, and in a limited timeframe. Engaging key stakeholders early in the SPF process will also minimize potential duplication of services and maximize community resources.

MOU Process

In order to ensure collaboration throughout the SPF process with the Community Partnership identified coalition, IPN contractors will be utilizing a MOU process per Strategy 4A in the Prevention Work Plan. IPN contractors can utilize their own MOU or use the sample provided in Appendix F of this guide.

Per the Prevention Work Plan, all sector representation needs to sign the MOU. If there are barriers or concerns obtaining a signature for a specific sector, then coalition leadership along with the IPN Contractor may sign the MOU which validates that the sector is engaged. The MOU also needs to identify how the coalition will support through the SPF process through the IPN Project Period.

Logic Model

IPN contractors will need to complete one logic model for each of the five required IPN prevention priorities (alcohol, marijuana, prescription medication, problem gambling and tobacco), using the template provided as an attachment. These logic models need to be developed based on data collected during the Assessment step and must reflect each county in the awarded Service Area. Logic models will direct prevention services for the remaining IPN project period (July 1, 2020-June 30, 2024). During the Assessment step of the SPF, only complete the sections of the logic model listed below. The Mid-Range Outcomes, Short-Term Outcomes and strategies sections will be completed during the Planning step of the SPF.

Consequences: The county problems that result from the substance use and problem gambling behaviors which are identified by data. Refer to the consequence data in the County Assessment Workbook (CAW).

Consumption: The county data that highlights the way people misuse substances and engage in problem gambling behaviors. Refer to the consumption data in the CAW.

IPN Priority: The priorities to be addressed as part of the IPN grant: alcohol, marijuana, prescription medication, problem gambling and tobacco. Create a separate logic model for each priority that reflects each county in the IPN service area.

Long-Term Outcome: This is the ultimate goal which impacts each priority area and often take years to achieve. This outcome is not connected to the strategies directly. Write outcomes in SMART (Specific, Measureable, Attainable, Realistic and Time Sensitive) format. Include which data source will be used in measure progress.

- By {include June 30, 2024}, a {measure of change that can happen in the project period} of {change of behavior/use} by {specific group in a specific county} as measured by {include data source and question reference, if applicable}.
- Long-term Outcomes are developed based on county-level data gathered during the Assessment step and must be directly related to the prevention priority areas representing county-specific needs in the service area. The Department will follow-up with IPN Prevention Contractors if there are any identified concerns.

Intervening Variables: These are the local conditions and environmental factors that have been identified as being related to and influencing the occurrence and magnitude of the priority. The CAW data needs to be linked to the intervening variable selection process. There needs to be a logical connection between the data and the variable. Details for completing this component will be provided in the CAW.

Underlying Conditions: These are the specific issues in a county that contribute to the problem. These factors provide the reasons an intervening variable exists in their particular county and offer the key link to identifying appropriate strategies. The CAW data and any local data need to be linked to the underlying condition selection process. Details for completing this component will be provided in the CAW.

County Assessment Workbook

IPN contractors must complete one County Assessment Workbook (CAW) for each county within their awarded Service Area. In order to fully understand each counties unique needs, a thorough assessment must be completed. Details about this document are listed below. The CAW template can be found in Appendix E.

- Utilize the IDPH Division of Tobacco Use Prevention and Control's Community Partnership Grant identified coalition or a subcommittee of that coalition to complete this template.
- Do not revise the template (e.g., change the template format or font, move or remove pages, etc.).
- Answer all of the questions in the order they are asked.
- Do not include proper names but only roles (titles or sectors can be included).
    - On page 2 of the CAW template, contributor names and organizations should be included.
- Keep in mind that this is a public document and is designed to be shared with stakeholders and community members as a way to increase understanding, engagement and collaboration. When discussing the scope of the problem and contributing factors in the county, avoid language that is blaming or shaming. Instead, lean on collected data and provide responses that are data-driven. Identify challenges and barriers that exist in a way that invites understanding, collaboration and a sense of shared outcomes.

Workbook Organization

The CAW template is organized into sections to assist in conducting a county assessment that will result in identifying and prioritizing the specific intervening variables and underlying conditions contributing to the IPN Prevention Priority Areas and related problems in each funded county. The specific steps will include:

- Identifying consumption and consequence patterns with existing and original data
- Identifying the intervening variables that are contributing to the problem
- Identifying underlying conditions
- Identifying local data resources
- Determining which intervening variables and underlying conditions you will focus on

Assessment is only the first step of the SPF. Once this workbook is completed, begin to think of ways to build capacity to address the issues that have been identified. This should include sharing these findings with other local prevention and treatment providers, local prevention-focused coalitions, the local public health agency and county boards of health and other key stakeholders.

Data Collection

Much of the data needed to complete this workbook may be publicly available or provided by the Department. In some cases, where local level data are not available to the Department, contractors will be responsible for finding the information. Proportions or rates are used for simplicity, and it is acknowledged that they may vary according to their margin of error. In addition to the existing data sources that are specifically outlined in the workbook template, local surveys or other data sources are encouraged to be used as sources of auxiliary information to aid in the decision making process. Each county may have survey results from businesses or from local law enforcement that could assist in the needs assessment.

Existing Data

A variety of data that already exists at local and/or county levels. A key to successful assessment is to identify who is already collecting local data and work collaboratively to access, analyze, and interpret such data. The Department manages the Iowa Public Health Tracking Portal a resource that collates data from a variety of sources, many of which may be utilized through this process.

Other sources of local data may include:

- Area Education Agencies (AEA)
- Area Agencies of Aging
- Casinos
- City and county public health departments
    - Community Health Needs Assessment (CHNA) and Health Improvement Planning (HIP)
- Family planning clinics
- First responders regarding the number of substance use-related emergencies
- Hospitals
- Local law enforcement agencies
- Local lottery vendors
- School districts

Community Readiness Assessment Process

IPN contractors must assess community readiness on each IPN priority in each county in the IPN Service Area. Contractors will use the Tri-Ethnic Community Readiness Model and materials to complete this process. Instructions and guidance can be found below and throughout this section of the Assessment Guide.

Focus of Readiness Surveys

The focus of readiness surveys, based on IPN priorities, includes:

- Adult Binge Drinking (ages 25-65)
    - Defined as drinking five or more drinks on an occasion for men or four or more drinks on an occasion for women based on the National Survey on Drug Use and Health through the Substance Abuse and Mental Health Services Administration
- Youth Marijuana Use (Ages 12-20)
- Adult Prescription Medication Misuse (Ages 65 and over)
- Adult Problem Gambling (Ages 21 and over)
- Youth Tobacco Use (Ages 12-18)

Survey Instructions

- Identify six key respondents per county, per priority area to survey
    - Do not select coalition or coalition subcommittee members, prevention staff or subcontracted prevention staff)
    - Do not survey the same people for all priorities
    - Middle or high school youth cannot be utilized as surveyors
- Conduct surveys in person or via the phone
    - Allow for 30-60 minutes per survey
    - Answers must be captured for scoring
- Use the “Community Readiness Survey Questions” document provided by the Department (see Appendix A)

Scoring Instructions

- Utilize two scorers per survey
    - Each scorer works independently
- Use the “Anchored Rating Scales for Scoring Each Dimension” document (see Appendix B) and the “Community Readiness Scoring Sheet” document (see Appendix C) for scoring
    - Calculate the stage of readiness
    - Highlight impressions, unique outcomes and qualifying statements
    - Submit the completed “Community Readiness Scoring Sheet” to the Department
    - Keep all survey documentation (names of survey respondents, survey responses, etc.) for future reference

What is community readiness?

Community readiness is the degree to which a community is willing and prepared to take action on an issue.

The Community Readiness Model 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 issues, such as drug and alcohol use and HIV/AIDs prevention. In part, it is based upon the principles of the Personal Readiness for Change. Later, you will see some of the same stages of community readiness that you see in the Personal Stages of Change model above.

In addition, because communities are more complicated in their processes of change than individuals are, these researchers also built the Community Readiness Model on social action work done in the field of community development (Warren, 1978). The social action process identifies stages on the community level that lay the groundwork for collective action. These 5 stages include Stimulation of Interest, which is the recognition of need; Initiation which involves development of the problem definition and possible solutions via programs proposed by community members; Legitimization, which is when there is acceptance of local leaders of the need for action; Decision to Act, which is the development of specific plans involving members from the wider community; and Action, which is implementation.

Later, you will see parts of each of these models incorporated into the Community Readiness Model's Stages of Community Change. The researchers then took their model out into the field to test it in communities. These communities varied widely in ethnicity, level of rurality, region of the U.S., and more recently, country. The model has now been extensively used, and based upon the many communities' experiences with the Model, it has been updated and made better over time.

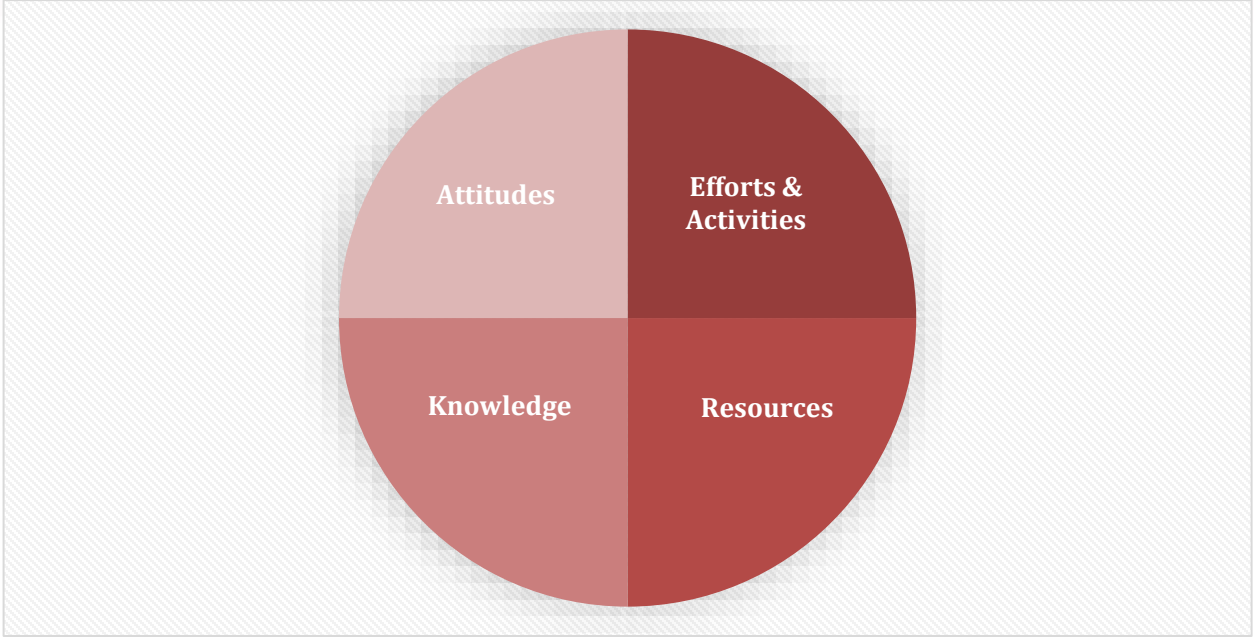
Some of the issues addressed with the model have included:

- Drug and Alcohol Use
- HIV/AIDS
- Child Abuse
- Environmental Trauma
- Heart Health
- Head Injury
- Transportation
- Intimate Partner Violence
- Hepatitis C
- Animal Control
- Obesity/Nutrition
- Taxation (e.g. tobacco taxes)

For the Integrated Provider Network, contractors will be conducing Community Readiness surveys on the prevention priority areas outlined in the IPN RFP that include the following: alcohol, marijuana, prescription medication, problem gambling, and tobacco.

The Community Readiness Model (CRM)

Measures



of

Community Members	+	Leadership

In order to assess

A community's readiness to address an issue on 5 key dimensions:

1. **Community Knowledge of the Issue**
2. **Community Knowledge of the Efforts**
3. **Community Climate**
4. **Leadership**
5. **Resources**

The Model's Key Components Include:

- A set of survey questions consisting of open-ended questions about the community's attitudes, knowledge, beliefs, etc. about an issue (e.g. substance use and problem gambling).
- A small number of surveys of key respondents using this survey.
- Scoring of the completed surveys using scales provided for each dimension of community readiness.
- Calculation of readiness scores on 5 dimensions using the survey scores.
- Use of these final readiness scores to develop a plan for action.

In the following pages, we will cover each step of completing a community readiness assessment. We begin by examining the readiness of an individual to change their behavior.

When are we ready to change our behavior?

The Transtheoretical Model of Behavior Change (Prochaska and DiClemente, 1992), also called the Stages of Change Model, assesses an individual's readiness to act on a new (typically healthier) behavior, and it provides appropriate strategies, or processes of change to guide the individual through the stages of change to action and maintenance.

Personal Readiness for Change: Stages of Change Model		
	Stage	*Characteristics*
1.)	**Pre-contemplation**	Not yet acknowledging that there is a problem behavior that needs to be changed
2.)	**Contemplation**	Acknowledge that there is a problem but not yet ready or sure of wanting to make a change
3.)	**Preparation**	Getting ready to change, "I've got to do something about this. What can I do?"
4.)	**Action**	Actively involved in taking steps to change the behavior by using a variety of different techniques
5.)	**Maintenance**	Maintaining the behavior change and continued commitment to sustaining new behavior
6.)	**Relapse**	Returning to older behaviors and abandoning the new changes

In order to help an individual move from one stage to the next, different techniques are used by counselors and others trying to facilitate the behavior change. For example, for an individual in the pre-contemplation stage of behavior change, the facilitator might:

- Validate lack of readiness
- Clarify that the decision is theirs to make
- Encourage re-evaluation of current behavior

On the other hand, for an individual in the preparation stage, that same facilitator might:

- Identify and assist in problem solving regarding obstacles
- Help the individual identify social support
- Encourage small initial steps

Communities are a lot like individuals in the sense that they move through stages before they are ready to implement programs, develop and deliver interventions, and take other actions to address an issue in the community.

When is our community ready to change?

Like individual behavior, communities are at different levels of readiness to address issues in their communities. Often community efforts to implement programs and activities to change behaviors in a community meet with:

- Little enthusiasm in the community to provide resources or cooperate in implementation efforts
- Resistance by community members and/or leadership who then erect obstacles.
- Lack of action by the community and/or by leaders to help move efforts forward
- Failure! Resources run out, volunteers burn out, the new program is ineffective

One reason for this frustration and failure may be a lack of readiness to address the issue by community members and leadership.

Just like with individual change, we must use appropriate actions and techniques to move our communities forward in addressing an issue. Matching a community intervention to the community's level of readiness is key to achieving success. If your community is not ready for your efforts, failure is much more likely. For example, the community may deny there is a problem, and thus your efforts may be met with resistance or even hostility. The community may not understand the issue, leading your efforts to meet with indifference or little attention paid to them. Your community leaders may not be willing to provide the resources needed to effectively implement new programs or activities.

No matter the reason for this lack of readiness, your efforts will have gone for naught.

Benefits of Using the Community Readiness Model

The Community Readiness Model (CRM) can help a community move forward and be more successful in its efforts to change in a variety of ways. Some of these include:

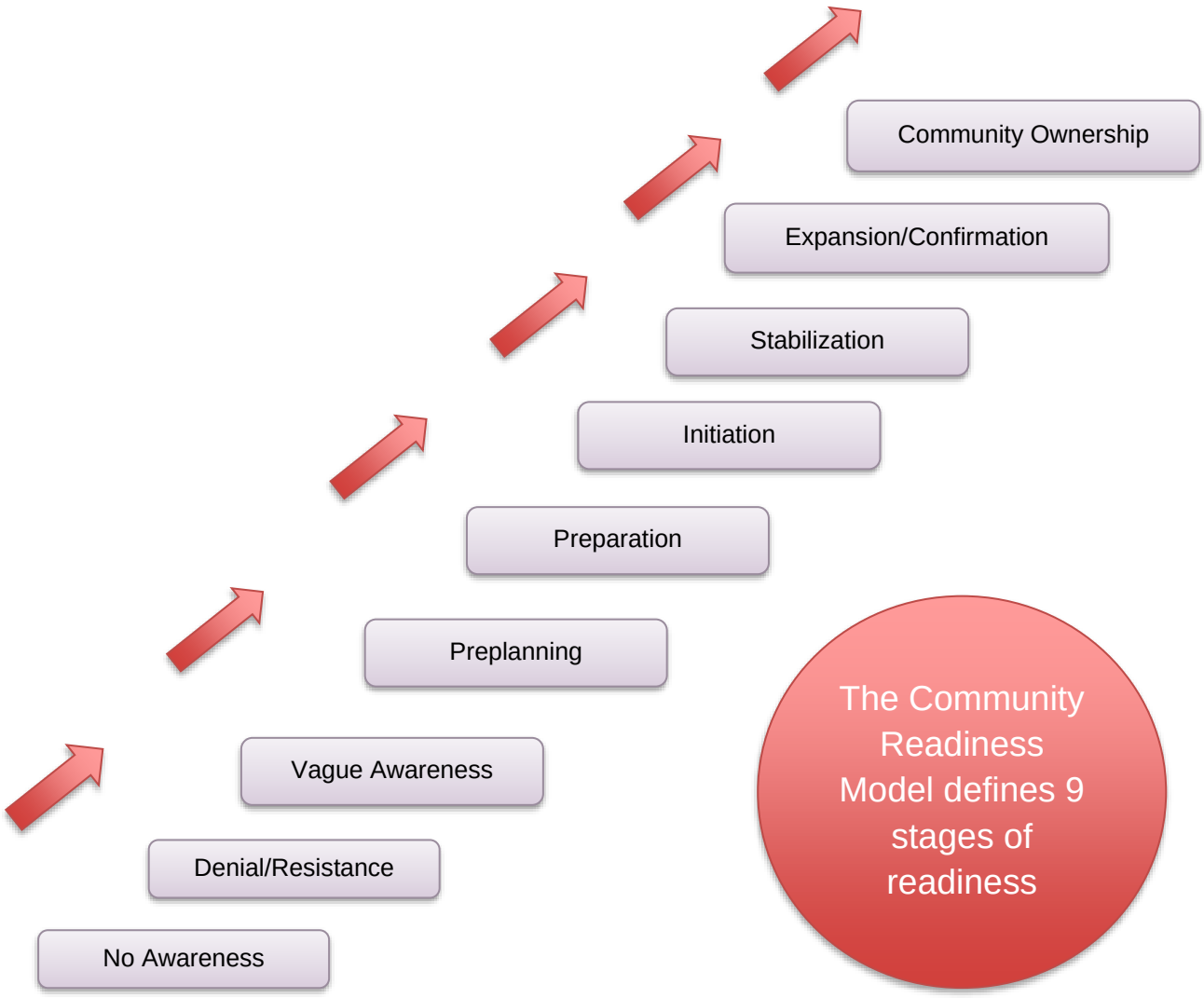
- Measuring a community's readiness levels on several dimensions that will help diagnose where we need to put our initial efforts.
- Helping to identify our community's weaknesses and strengths, and the obstacles we are likely to meet as we move forward.
- Pointing to appropriate actions that match our community's readiness levels.
- Working within our community's culture to come up with actions that are right for our community.

- Aiding in securing funding, cooperating with other organizations, working with leadership, and more.

While the CRM is a well-researched and highly valued approach to initiate community change, it is not:

- A method for determining whether an issue is actually occurring in the community.
- A tool that tells exactly what to do to increase our readiness levels.
- A prevention program, per se.

Stages of Community Readiness



Readiness levels for an issue can increase **and** decrease.

The amount of time to move to a higher readiness level can vary by the issue, by the intensity and appropriateness of community efforts, and by external events (such as an incident which creates focus on the issue).

Here is a brief explanation of each stage:

Stage 1: No Awareness

- Community has **no knowledge** about local efforts addressing the issue.
- Leadership believes that the issue **is not really much of** a concern.
- The community believes that the **issue is not a concern**.
- Community members have **no knowledge** about the issue.
- There are **no resources** available for dealing with the issue.

"Kids gamble and lose lunch money."

Stage 2: Denial/Resistance

- Leadership and community members believe that this issue **is not** a concern in their community or they think it **can't or shouldn't be addressed**.
- Community members have misconceptions or **incorrect knowledge** about current efforts.
- **Only a few** community members have **knowledge** about the issue, and there may be many misconceptions among community members about the issue.
- Community members and/or leaders **do not support using available resources** to address this issue.

"We can't (or shouldn't) do anything about it!"

Stage 3: Vague Awareness

- **A few** community members have at least heard about local efforts, but **know little about them**.
- Leadership and community members **believe that this issue may be a concern in the community**. They show no immediate motivation to act.
- Community members have only **vague knowledge** about the issue (e.g. they have some awareness that the issue can be problem and why it may occur).
- There are **limited resources** (such as a community room) identified that could be used for further efforts to address the issue.

"Something should probably be done, but what? Maybe someone else will work on this."

Stage 4: Preplanning

- **Some** community members have at least heard about local efforts, but **know little about them**.
- Leadership and community members **acknowledge that this issue is a concern** in the community and that something has to be done to address it.
- Community members have **limited knowledge** about the issue.
- There are **limited resources** that could be used for further efforts to address the issue.

"This is important. What can we do?"

Stage 5: Preparation

- **Most** community members have at least heard about local efforts.
- Leadership is **actively supportive of continuing or improving current efforts** or in developing new efforts
- The attitude in the community is —**We are concerned** about this and **we want to do** something about it.
- Community members have **basic knowledge** about causes, consequences, signs and symptoms.
- There are **some resources** identified that could be used for further efforts to address the issue; community members or leaders are actively working to secure these resources.

"I will meet with our funder tomorrow."

Stage 6: Initiation

- **Most** community members have at least **basic** knowledge of local efforts.
- Leadership **plays a key role** in planning, developing and/or implementing new, modified, or increased efforts.
- The attitude in the community is —**This is our responsibility**, and some community members are involved in addressing the issue.
- Community members have **basic knowledge** about the issue and are **aware that the issue occurs locally.**
- **Resources have been obtained** and/or allocated to support further efforts to address this issue.

"This is our responsibility; we are now beginning to do something to address this issue."

Stage 7: Stabilization

- **Most** community members have **more than basic knowledge** of local efforts, including names and purposes of specific efforts, target audiences, and other specific information.

- Leadership is **actively involved in ensuring or improving the long-term viability** of the efforts to address this issue.
- The attitude in the community is —We **have taken** responsibility. There is **ongoing** community involvement in addressing the issue.
- Community members have **more than basic knowledge** about the issue.
- A considerable part of allocated resources for efforts are from sources that are expected to provide **continuous support**.

"We have taken responsibility"

Stage 8: Confirmation | Expansion

- **Most** community members have **considerable** knowledge of local efforts, including the level of program effectiveness.
- Leadership **plays a key role in expanding and improving efforts**.
- The majority of the community **strongly** supports efforts or the need for efforts. Participation level is high.
- Community members have **more than basic** knowledge about the issue and have **significant** knowledge about **local prevalence** and local consequences.
- A considerable part of allocated resources are expected to provide **continuous** support.
- Community members are looking into **additional** support to implement new efforts.

"How well are our current programs working and how can we make them better?"

Stage 9: High Level of Community Ownership

- **Most** community members have **considerable and detailed** knowledge of local efforts,
- Leadership is **continually reviewing evaluation** results of the efforts and is modifying financial support accordingly.
- **Most** major segments of the community are highly supportive and actively involved. Community members have **detailed** knowledge about the issue and have **significant** knowledge about **local prevalence** and local consequences.
- Diversified resources and funds are secured, and efforts are expected to be ongoing.

"These efforts are an important part of the fabric of our community."

Dimensions of Community Readiness

Note in the statements describing the stages above that there are several important dimensions of community readiness addressed, e.g. leadership and attitude in the community. **Community readiness is composed of five dimensions** or aspects that can help guide the community in moving their readiness levels forward. These dimensions are

Community Knowledge of Efforts

How much does the community know about the current programs and activities?

Leadership

What is leadership's attitude toward addressing the issue?

Community Climate

What is the community's attitude toward addressing the issue?

Community Knowledge of the Issue

How much does the community know about the issue?

Resources

What are the resources that are being used or could be used to address the issue?

Each dimension will receive a community readiness score. Thus, each dimension can be at a different readiness level. For example, the scores for a community might look like:

Dimension	Readiness Level	Readiness Stage
Knowledge of Efforts	**3**	**Vague Awareness**
Leadership	**2**	**Denial/Resistance**
Community Climate	**2**	**Denial/Resistance**
Knowledge of the Issue	**3**	**Vague Awareness**
Resources	**4**	**Preplanning**

What Do These Scores Mean?

In the assessment section, we will introduce scales that we use to measure each dimension's readiness level. The statements shown below come directly from these scales.

Community Knowledge of Efforts **3** **Vague Awareness**

A few community members have heard about local efforts, but **know little about them**.

Leadership **2** **Denial/Resistance**

Leadership believes that this issue **is** a concern, in general, but believes that it **is not** a concern in this community or that it can't or shouldn't be addressed.

Community Climate **2** **Denial/Resistance**

Community believes that this issue **is** a concern, in general, but believes that it **is not** a concern in this community or that it can't or shouldn't be addressed.

Community Knowledge of Issue **3** **Vague Awareness**

Community members have only **vague knowledge** about the issue (e.g. they have some awareness that the issue can be problem and why it may occur).

Resources **4** **Preplanning**

Current efforts may be funded, but the funding may not be stable or continuing. There are **limited** resources identified that could be used for further efforts to address the issue.

How to Conduct a Community Readiness Assessment

Using the steps outlined below, we can measure a community's readiness to address a particular issue. A readiness stage is calculated for each of the 5 dimensions. If you have questions about a step, please see the Frequently Asked Questions in Appendix D. The steps taken to assess community readiness are:

1. Identify and clearly define your **issue**. For the IPN grant, the Department has defined each issue that must be addressed during the Assessment step.
2. Identify and clearly define and delineate your **community**. For the IPN grant, each county within an awarded IPN Service Area must be assessed.
3. Review the Department identified **survey questions** (see Appendix A).
4. Identify and choose your **key respondents with input from the Community Partnership identified coalition**.
5. **Conduct** and **transcribe** your surveys.
6. **Score** the surveys.
7. Calculate your **average dimension scores**.

Step 1: Identify and clearly define your issue

Readiness is issue specific.

Therefore, it is important to clearly define your issue prior to conducting surveys. The focus of the surveys based on the IPN priorities have been defined below:

- Adult Binge Drinking (Ages 25-65)
    - Defined as drinking five or more drinks on an occasion for men or four or more drinks on an occasion for women based on the National Survey on Drug Use and Health through the Substance Abuse and Mental Health Services Administration
- Youth Marijuana Use (Ages 12-20)
- Adult Prescription Medication Misuse (Ages 65 and over)
- Adult Problem Gambling (Ages 21 and over)
- Youth Tobacco Use (12-18)

The readiness to address each of these issues is likely to vary significantly. For example, a community may be ready to address youth tobacco use. On the other hand, the community may not be ready to address adult problem gambling due to community norms.

In addition to specifying your issue in a succinct phrase, it is also important to provide your respondents with a clear definition of your issue. For example, a county in the Western United States was assessing the readiness of their community to address underage alcohol use. At the beginning of the survey, they told each survey respondent: *"Just to be clear, when I refer to underage alcohol use, I mean the use of alcohol by youth under 21 years old."* Another community had identified their issue as excessive student drinking by the community's university students. At the beginning of each survey, survey respondent were told that excessive student drinking was defined as —*drinking by university students that results in harm such as injury, fights, academic problems, or social conflicts*.

Step 2: Identify and clearly define and delineate your community.

Readiness is community specific.

A community can be defined in a number of ways. The most common is a geographic area, such as a town, a neighborhood, or a school district. But a community might also be an organization. For example, we might be interested in measuring the readiness level of a state's Department of Public Health to begin working on increasing the physical activity of that state's senior population. In this case, the community is the Department of Public Health while the issue is increasing the physical activity of the state's senior population.

Thus, examples of communities include:

- Geographical areas.
- A subgroup of a geographical area (ethnicity, age, etc.).
- An occupation group such as law enforcement, medical community, environmentalists.
- A system such as mental health.
- An organization or a department of an organization.

For the IPN grant, a community is defined as each county within an awarded Service Area.

Step 3: Prepare your survey questions.

The community readiness can be found in Appendix A. Please note that the Department has inserted the defined issue in the appropriate places as noted. In addition, the community is defined as each county within an agency's awarded Service Area. Below are several important things to note:

- The **questions** are mandatory for scoring. Do not omit these.
- The questions are organized by dimension. One exception is that question #1 pertains mainly to Community Climate. However, keep in mind that you may find valuable information about any dimension throughout the survey.
- Prepare an introductory script to ensure that your survey respondents understand the issue and community. See an example below.
- If translating into another language, follow agency policies/procedures regarding translation services if this is applicable.

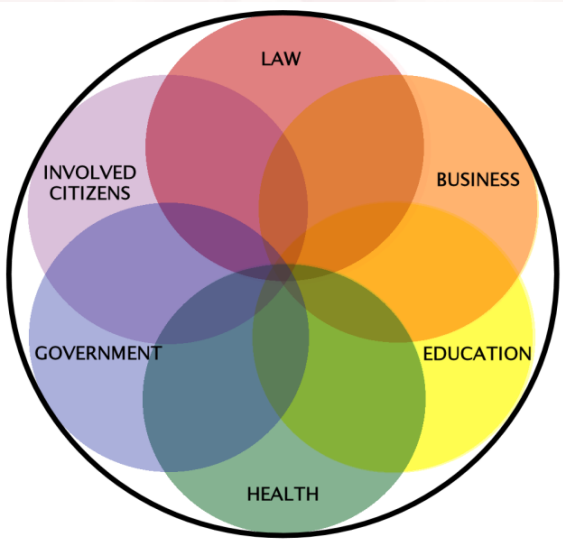
The following is an example introduction script where the survey respondents has already agreed to be surveyed at a scheduled date and time:

> Hello, my name is _____ from (your organization or affiliation).
>
> Thank you so much for agreeing to be surveyed for this project. We are contacting key people to ask about (issue) as it occurs in (county). The entire process, including individual names, will be kept confidential. Just to be clear, when I refer to (issue), I specifically mean:
>
> _____
> _____
>
> In addition, I would like you to answer specifically about the community of _____. *(Give more details as you think necessary.)*
>
> I would like to record our survey, so that we can get an accurate representation of what you've said. The recording will be erased once we transcribe it. Would that be okay with you?

Step 4: Choose your Key Respondents

Some community surveys rely on a random sample of the community's population, and they ask each individual about their personal attitudes toward the issue. The Community Readiness Model, instead, uses **key respondents** to answer the survey questions and provide information about how the community views the issue.

Key respondent surveys are qualitative surveys with people who know what is going on in the community. The purpose of using key respondents is to collect information from a wide range of people—including community leaders, professionals, or residents—who have firsthand knowledge about the community. These individuals, with their particular knowledge and understanding, can provide insight on the nature of the issue.



Think of the large bold circle to the left as your community. It is made up of a number of different sectors. Here we show six different sectors – law, business, education, government, health, and other involved citizens. If we survey a key respondent from each sector that can answer for at least that sector, we should obtain a relatively accurate picture of our community's attitudes and knowledge, without having to survey a large number of citizens.

Who should be chosen as a key respondent?

IPN contractors must partner with the coalition that has been identified by the Community Partnership contractor who is funded by the IDPH Division of Tobacco Use Prevention and Control to complete the Assessment step of the SPF. Members of this coalition should assist with identifying key respondents to participate in the Community Readiness process.

As noted above, key respondents should be involved in the community and know what is going on. They are likely to also have information about the issue. Thus, the choice of key respondents will depend on the identified issue and community. Key respondents should not be coalition members or staff members from a prevention/treatment agency as these individuals tends to have additional knowledge about the priority areas, which may impact survey results.

For the IPN grant, the following twelve sectors have been identified:

- Youth
- Parents
- Law enforcement
- Schools
- Businesses
- Media
- Youth-serving organizations
- Religious and fraternal organizations
- Civic and volunteer groups
- Health care professionals
- State, local, and tribal agencies with expertise in substance misuse and/or problem gambling
- Other organizations involved in reducing substance misuse and/or problem gambling

Source: Drug-Free Communities (DFC) Program, Community Anti-Drug Coalitions of America, 2019

What are the survey expectations?

Conduct at least six key respondent surveys per county in the awarded IPN Service Area. Some counties may require more surveys in order to get a more complete picture of the county. However, 6 – 12 surveys are often sufficient. When the community is very small or very homogenous, even 4 surveys may be sufficient. A request with rationale must be made if a contractor expects less than six key respondents will participate in the Community Readiness Survey in a particular county. Please note, a request to survey less than six key respondents does not guarantee approval. Send the request to Julie Hibben and Katie Bee by March 2, 2020 via Iowagrants.gov correspondence.

Each county within the awarded IPN Service Area must have a completed Community Readiness Survey on each of the identified prevention priority topics identified in Appendix A.

When doing follow-up or post-test readiness assessments, use the same key respondents, if possible.

Activity

Step 3: Choose Your Key Respondents

1. What **sectors of the county** should be represented given the issue, ensuring that all sectors combined give a comprehensive representation of the county? Examples include school, health, law enforcement, business, involved citizenry. Think of at least 6 sectors from which you will choose key respondents.

Sector 1: _____ Sector 2: _____

Sector 3: _____ Sector 4: _____

Sector 5: _____ Sector 6: _____

Sector 7: _____ Sector 8: _____

Sector 9: _____ Sector 10: _____

2. Within each sector, what type of respondent can speak to the attitudes, beliefs, and knowledge of at least this sector? (e.g., school principal, community health representative, director of housing, casino employee) List other sectors each type of respondent may be able to give information about.

Sector 1	• • •
Sector 2	• • •
Sector 3	• • •

Sector 4	• • •
Sector 5	• • •
Sector 6	• • •
Sector 7	• • •
Sector 8	• • •
Sector 9	• • •
Sector 10	• • •
Sector 11	• • •
Sector 12	• • •

4: Who would best serve as key respondents and why?

Key Respondent 1: _____
_____

Key Respondent 2: _____
_____

Key Respondent 3: _____
_____

Key Respondent 4: _____
_____

Key Respondent 5: _____
_____

Key Respondent 6: _____
_____

Key Respondent 7: _____
_____

Key Respondent 8:_____
_____

Key Respondent 9: _____
_____

Key Respondent 10: _____
_____

5. Fill in the following table with your key respondent names, affiliation/title, and contact information. Contact each of your key respondents for permission to survey them.

Do not send them the survey questions

Please fill out the following table with potential key respondents. The Yes/No column tells whether the potential respondent has agreed to be surveyed.

Table – Potential Key Respondents					
Name	**Affiliation/Title**	**Primary Phone #**	**Secondary Phone #**	**E-mail Address**	**Yes/No***

Step 5: Conduct and transcribe the surveys

When conducting the community readiness surveys, please keep in mind the following:

- It is often best to do these by telephone, when feasible.

  When surveys are done in person, there can be a greater tendency of respondents to answer questions in a manner that will be viewed favorably by the surveyor. In addition, when surveys are done in person, there may be a greater likelihood for the surveyor to react verbally or with body language. On the other hand, survey respondent may provide less information when on the telephone than when in person; therefore, it is incumbent on the surveyor to probe (using the suggestions in the survey guide) if answers are not informative.

  However, keep in mind that in some populations, face-to-face surveys may be the only or the best option. If that is the case, it is important that the surveyor remain objective and unbiased during the survey.

- In order to get an accurate representation of what the survey respondent said, **ask the respondent for permission to record the survey.** Make sure you have your recording equipment working and ready to go.

- Each survey takes 30 - 60 minutes.

- Set up an appointment beforehand, giving the respondent some information about the project.

- **Do not** send the community readiness questions to the survey respondent, as they may then do research and prepare their answers.

- Surveyors should be familiar with the rating scales and understand the scoring process. This will help the surveyor know when to re-phrase questions or ask for more information.

During the survey:

- The surveyor should prompt for more detail but should **never** give their opinion. Examples of prompts include:

  - *Could you please give me an example?*
  - *Could you tell me more about what you just said?*
  - *Could you please tell me what ABC means?*

- The surveyor should keep the respondent on track, and ensure that the respondent actually answers the question.

- Do not rephrase the survey respondent's answer to validate your understanding of what was said.

  For example, do **not** say something like: *Are you saying that the community doesn't really believe that this is an issue and therefore they are not acting to stop it?*

- Practice with another person prior to your first survey.

Transcribing the surveys

Once a survey is conducted, it should be transcribed. Give each transcriber a copy of the survey questions to make their job easier. The transcriber should transcribe the surveyor's responses word for word, including such things as laughter. Voice recognition software does not typically work well for these surveys.

A digital voice recorder is an effective device to use when recording and transcribing Community Readiness surveys.

Note: IPN Prevention Specialists shall NOT use their personal devices (e.g. cell phones, tablets) to record a Community Readiness survey.

Step 6: Score the surveys

Each survey is scored to provide a readiness level for each dimension. **Two** individuals score each survey independently. Surveys should be labeled #1, #2, etc. so that scorers always refer to the same survey. Make sure to remove all survey respondent identifiers before scoring to avoid potential bias that may come from the surveyor knowing the key respondent or knowing information about them, such as their age or their employment.

Process for scoring:

- Have 5 different colors of highlighters. Designate one color for each dimension so, for example, Community Knowledge of Efforts (CKE) might be assigned the yellow highlighter, Leadership might be assigned pink, and so on. Have the other scorer use the same color scheme, as it will make the joint scoring process easier.

- There are five rating scales that you will use to score, one for each dimension. These can be found in **Appendix B**.

- Have a blank scoring sheet available to keep track of your scores and the final consensus scores. See **Appendix C** for a blank scoring sheet.

- Read through a survey in its entirety before scoring any of the dimensions. This will give you a general familiarity with the survey.

- Starting with Community Knowledge of Efforts (CKE), read the CKE rating scale to familiarize yourself with key concepts pertaining to this dimension.

- Then read through the entire survey and, using your highlighter for this dimension, highlight statements that refer to aspects of this dimension.

- Next, using the highlighted statements, start with the first statement on the anchored rating scale and ask yourself if the community exceeds that statement. If they do, proceed to the next statement and ask whether they exceed that statement.

- Continue this until you cannot move on to the next statement in the rating scale, that is, the county has not reached that stage yet. The readiness level for CKE is then at the prior stage. **In order to receive a score at a certain stage, the entire statement must be true.**

- In the —Community Readiness Scoring Sheet, fill in your score for the Survey #1-Community Knowledge of Efforts in the table titled —Individual Scores.

- You do not have to use whole numbers. If you think that a community has exceeded one statement but the next statement is not wholly true, then you can give a score in between the two levels.

- Move to Leadership. Skim the Leadership Rating Scale to identify key concepts that pertain to this dimension.

- Read through the entire survey, highlighting all the statements (with the highlighter assigned to Leadership) that refer to concepts in Leadership.

- Using the rating scale for Leadership and the highlighted statements, score the dimension, and write that score into the appropriate cell in the Individual Scores table on the Scoring Sheet.

- Continue to the next dimension until all dimensions are scored for that survey.

- Score the rest of the surveys in the same fashion and fill out the —Individual Scores table as you go.

- If there are more surveys than room in the table, simply add columns to this form.

- As you become more experienced at scoring, you will be able to read through a survey once and highlight statements pertaining to each of the different dimensions, using the 5 highlighters as designated.

- Once you have completed scoring all the surveys for a county, you will meet with the other scorer to discuss your scores. Where your scores differ, you each need to discuss and explain how you arrived at your decision until you reach a consensus on what the score should be. **It is important that there be consensus on the scores by both scorers**, not an average.

- Enter your agreed upon scores for each dimension for all the surveys in the —Consensus Scores.

Here is an example of how the Individual Scores table might look once you have completed your individual scoring for six surveys

Survey Number

	#1	#2	#3	#4	#5	#6
Knowledge of Efforts	4	4.25	2	3.5	3	3.5
Leadership	3.5	3.5	2	3	2.5	4
Community Climate	2.5	2.5	3	2.5	3	3.5
Knowledge of Issue	2.5	2.5	3	2.5	3	3.5
Resources	2	3.5	2.5	3	4	3.5

So for example, for survey #3, you gave Leadership, a score of 2.0.

Step 7: Calculate your average dimension scores and an overall average score.

Once you meet with the other scorer to arrive at consensus scores, the Consensus Scores table might look like:

	#1	#2	#3	#4	#5	#6	**Average**
Knowledge of Efforts	4	4.25	2	3.5	3	3.5	
Leadership	3.5	3.5	2	3	2.5	4	
Community Climate	2.5	2.5	3	2.5	3	3.5	
Knowledge of Issue	2.5	2.5	3	2.5	3	3.5	
Resources	2	3.5	2.5	3	4	3.5	
Overall Community Readiness Score							

Calculate the average of the —Consensus Scores for each dimension across all the surveys.

For example, for Knowledge of Efforts, add the scores **across** for all the surveys and divide by the number of surveys (3.0+4.25+2.0+3.5+3.0+3.5) / 6) to get the average - in this case, **3.04**. Enter the average in the last column marked - Average in the Consensus Score chart

	#1	#2	#3	#4	#5	#6	**Average**
Knowledge of Efforts	4	4.25	2	3.5	3	3.5	**3.04**

To calculate the Overall Community Readiness Score, find the average of the 5 final dimension scores. (Add the 5 dimension scores and divide by 5). Enter that score next to —Overall Community Readiness Score.

Thus, the final community readiness scores for this assessment are:

	#1	#2	#3	#4	#5	#6	**Average**
Knowledge of Efforts	4	4.25	2	3.5	3	3.5	**3.04**
Leadership	3.5	3.5	2	3	2.5	4	**3.42**
Community Climate	2.5	2.5	3	2.5	3	3.5	**2.63**
Knowledge of Issue	2.5	2.5	3	2.5	3	3.5	**2.63**
Resources	2	3.5	2.5	3	4	3.5	**3.42**
Overall Community Readiness Score							**3.03**

Dimension	**Readiness Level**	**Readiness Stage**
Knowledge of Efforts	3.04	Vague Awareness
Leadership	3.42	Vague Awareness
Community Climate	2.63	Denial/Resistance
Knowledge of the Issue	2.63	Denial/Resistance
Resources	3.42	Vague Awareness
Overall Score	3.03	Vague Awareness

For this assessment, the scores are quite similar across dimensions, indicating a relatively low level of readiness for all dimensions.

Final Step

We suggest that when you complete your scoring of all surveys, you write a brief statement that includes the dimension scores, their meanings (from the rating scales), and the major themes. To do this, read all of the surveys to identify:

- Major themes for each dimension.

- Strengths, weaknesses, and obstacles to action
- Leaders and other community members that you can enlist

Additional Community Readiness Survey guidance will be provided during the Planning step of the SPF process.

Appendix A
Community Readiness Survey Questions

Prevention Priorities | Focus of Surveys
Adult Binge Drinking (Ages 25-65)
Youth Marijuana Use (Ages 12-20)
Adult Prescription Medication Misuse (Ages 65 and over)
Adult Problem Gambling (Ages 21 and over)
Youth Tobacco Use (12-18)

IPN contractors must utilize the identified focus of the readiness surveys based on IPN Prevention Priorities listed above throughout the survey process.

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 (county), 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?

   *Surveyor: 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 (county) that address (issue)?
*If **yes**, continue to question 3; if **No**, skip to question 16.*

3. Can you briefly describe each of these?
Surveyor: Write down names of efforts so that you can refer to them in #4-5 below.

4. 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?**

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

6. Are there misconceptions or incorrect information among community members about the current efforts? *If yes:* What are these?

Only ask #7 if the respondent answered "No" to #2 or was unsure.

7. Is anyone in *(county)* 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 *(county)* 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.

8. Using a scale from 1-10, how much of a concern is (issue) to the leadership of *(County)*, 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 _____?

8a. How much of a priority is addressing this (issue) to leadership?

Can you explain why you say this?

9. 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?**

10. 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?**

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.

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

Can you explain your answer?

12. 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?**

13. 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?

14. Describe (*County*).

15. 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?**

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

If they list information, ask: Do community members access and/or use this information?

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

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

18. 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?**

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

20. 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.**

21. Are you aware of any proposals or action plans that have been submitted for funding to address (issue) in (county)?

If Yes: **Please explain.**

Conclusion: This now concludes the Community Readiness Interview on (issue). I appreciate you taking the time to provide input on this important topic. The (coalition name) will provide

you will the outcomes of this interview once they are completed. In the meantime, please feel free to join us at our next coalition meeting which will be held on (date/time/location). Thank you.

Appendix B
Anchored Rating Scales for Scoring Each Dimension

Community Knowledge of Efforts
*(**Bolding** indicates how a stage differs from the previous stage)*

Level Description

1. Community members have **no knowledge** about local efforts addressing the issue.

2. **Only a few** community members have **any knowledge** about local efforts addressing the issue. Community members may have **misconceptions or incorrect knowledge** about local efforts (e.g. their purpose or who they are for).

3. At least **some** community members **have heard of local efforts, but little else.**

4. At least some community members have heard of **local** efforts and **are familiar with the purpose of the efforts.**

5. At least some community members have heard of local efforts, are familiar with the purpose of the efforts, **who the efforts are for, and how the efforts work.**

6. **Many** community members have heard of local efforts and are familiar with the purpose of the effort. At least some community members know who the efforts are for and how the efforts work.

7. **Many** community members have heard of local efforts, are familiar with the purpose of the effort, **who the efforts are for, and how the efforts work. At least a few community members know the effectiveness of local efforts.**

8. Most community members have heard of local efforts and are familiar with the purpose of the effort. **Many** community members know who the efforts are for and how the efforts work. **Some** community members know the effectiveness of local efforts.

9. Most community members have **extensive** knowledge about local efforts, **knowing the purpose, who the efforts are for and how the efforts work. Many** community members know the effectiveness of the local efforts.

Leadership
*(**Bolding** indicates how a stage differs from the previous stage)*

Level Description

1. Leadership believes that the issue **is not** a concern.

2. Leadership believes that this issue may be a concern in this community, but **doesn't think it can or should be addressed**.

3. At least some of the leadership **believes that this issue may be a concern in this community**. It may not be seen as a priority. They show no immediate motivation to act.

4. At least some of the leadership believes that this issue **is** a concern in the community **and that some type of effort is needed to address it.** Although some may be at least passively supportive of current efforts, **only a few may be participating in developing, improving or implementing efforts**.

5. **At least some of the leadership is participating** in **developing, improving, or implementing efforts,** possibly being a member of a group that is working toward these efforts or being supportive of allocating resources to these efforts.

6. At least some of the leadership **plays a key role** in participating in current efforts and in developing, improving, and/or implementing efforts**,** possibly in **leading** groups or **speaking out publicly** in favor of the efforts, and/or as other types of **driving forces.**

7. At least some of the leadership plays a key role in **ensuring or improving the long-term viability** of the efforts to address this issue, for example by allocating long-term funding.

8. At least some of the leadership plays a key role in **expanding and improving efforts**, through **evaluating** and **modifying** efforts**, seeking new resources**, and/or helping develop and implement new efforts.

9. At least some of the leadership is continually **reviewing evaluation results** of the efforts and is **modifying financial support accordingly.**

Community Climate
*(**Bolding** indicates how a stage differs from the previous stage)*

Level Description

1. Community members believe that the issue is **not** a concern.

2. Community members believe that this issue may be a concern in this community, but **don't think it can or should be addressed.**

3. Some community members **believe that this issue may be a concern in the community, but it is not seen as a priority**. They show no motivation to act.

4. Some community members believe that this issue **is** a concern in the community and that **some type of effort is needed to address it**. Although some may be at least passively supportive of efforts, **only a few may be participating in developing, improving or implementing efforts.**

5. At least **some** community members are **participating in developing, improving, or implementing efforts**, possibly attending group meetings that are working toward these efforts.

6. At least **some** community members **play a key role in** developing, improving, and/or implementing efforts, possibly being members of groups or speaking out publicly in favor of efforts, and/or as other types **of driving forces.**

7. At least some community members play a key role in **ensuring or improving the long-term viability** of efforts (e.g., example: supporting a tax increase). The attitude in the community is —We have taken responsibility

8. The **majority** of the community **strongly** supports efforts or the need for efforts. **Participation level is high**. —We need to continue our efforts and make sure what we are doing is effective.

9. The majority of the community are **highly supportive** of efforts to address the issue. **Community members demand accountability.**

Knowledge of Issue
*(**Bolding** indicates how a stage differs from the previous stage)*

Level Description

1. Community members have **no** knowledge about the issue.

2. **Only a few** community members have **any knowledge** about the issue.
   Among **many** community members**,** there are **misconceptions** about the issue, (e.g., how and where it occurs, why it needs addressing, whether it occurs locally).

3. **At least some** community members have **heard of the issue, but little else.**
   Among **some** community members, there **may be** misconceptions about the issue.
   Community members **may be somewhat aware that the issue occurs locally.**

4. At least some community members **know a little about causes, consequences, signs and symptoms.** At least some community members **are** aware that the issue occurs locally.

5. At least some community members know **some** about causes, consequences, signs and symptoms. At least some community members are aware that the issue occurs locally.

6. At least some community members know some about causes, consequences, signs and symptoms. At least some community members have some knowledge about **how much it occurs locally** and **its effect on the community.**

7. At least some community members **know a lot** about causes, consequences, signs and symptoms. At least some community members have some knowledge about how much it occurs locally and its effect on the community.

8. **Most** community members know a lot about causes, consequences, signs and symptoms. At least some community members have **a lot** of knowledge about how much it occurs locally, its effect on the community, and how to address it locally.

9. Most community members have **detailed** knowledge about the issue, knowing **detailed information** about causes, consequences, signs and symptoms.

Most community members have **detailed** knowledge about how much it occurs locally, its effect on the community, and how to address it locally

Resources Related to the Issue
*(**Bolding** indicates how a stage differs from the previous stage)*

Level Description

1. There are **no** resources available for (further) efforts.

2. There are very **limited** resources (such as one community room) available that could be used for further efforts. There is no action to allocate these resources to this issue. Funding for any current efforts is not stable or continuing.

3. There are **some** resources (such as a community room, volunteers, local professionals, or grant funding or other financial sources) that could be used for further efforts. There is **little** or no action to allocate these resources to this issue.

4. There are some resources identified that could be used for further efforts. **Some community members or leaders have looked into or are looking into using these resources** to address the issue.

5. There are some resources identified that could be used for further efforts to address the issue. Some community members or leaders are **actively working to secure these resources**; for example, they may be **soliciting donations, writing grant proposals, or seeking volunteers.**

6. **New resources** have been **obtained and/or allocated** to support further efforts to address this issue.

7. A **considerable part** of allocated resources for efforts **are from sources that are expected to provide stable or continuing support.**

8. A considerable part of allocated resources for efforts are from sources that are expected to provide continuous support. **Community members are looking into additional support to implement new efforts.**

9. **Diversified resources and funds are secured, and efforts are expected to be ongoing.** There **is additional support for new** efforts.

Appendix C
Community Readiness Scoring Sheet

Community Readiness Scoring Sheet Prevention Priority Area:						
County Name:						
Date:						
Scorer:						
Individual Scores						
Dimensions	**#1**	**#2**	**#3**	**#4**	**#5**	**#6**
Knowledge of Efforts						
Leadership						
Community Climate						
Knowledge of Issue						
Resources						
Consensus Scores						
Surveys						
Dimensions	**#1**	**#2**	**#3**	**#4**	**#5**	**#6**
Knowledge of Efforts						
Leadership						
Community Climate						
Knowledge of Issue						
Resources						
					Average CR Score	
Overall Stage of Readiness:						
Comments, impressions, and qualifying statements about the county:						

Appendix D
Frequently Asked Questions Concerning Assessment

Identifying the Issue

What are the advantages and disadvantages of using a very broad issue versus a more narrowly defined one?

Using a broadly defined issue usually results in less useful information for strategy and action plan development as well as inconclusive information for scoring the readiness level. When broadly defined, there may be wide variation in how respondents are interpreting the issue and there may be different levels of readiness to address sub-categories of the broad issue. For example, an issue defined as alcohol abuse versus underage drinking on the university campus will likely result in different levels of readiness and therefore strategies for action planning. Likewise, the information obtained when asking about barriers and resources may be specific to the sub-category a respondent is thinking about and thus, not reflect other elements that are part of the broader issue. The narrower the issue is defined, the more likely respondents will be providing information about the same thing and be addressing what you intended. That said, it is possible to define an issue too narrowly and miss important contextual information.

Choosing Key Respondents

How do we identify the best respondents?

Use your own experience and the knowledge and experience of those around you to brainstorm for good respondents. In addition, the “snowball” method can be used. This involves surveying key respondents who then introduce the researcher to others in the community who are knowledgeable and willing to be surveyed. Respondents should be individuals who are knowledgeable about the community, not necessarily those who are knowledgeable about the issue.

Can I just survey members of our coalition?

Just as you will be careful not to just “preach to the choir” when you are implementing prevention efforts, it is important to not just “listen to the choir” when you are assessing community readiness. Choose key respondents who are in a position to know the community and are in a position that would likely have some experience and/or knowledge about the issue as it exists in the community, not just those who are already on board addressing the issue.

Is it okay to do more than six surveys?

Yes. For example, you may need to survey more individuals if there are those in the community who might feel slighted or who might sabotage your findings if they are not surveyed. However, most of the information obtained will not be new after you’ve surveyed 6-10 key respondents.

How should we choose a community member at large?

This person should be someone who is knowledgeable about the community but who doesn’t necessarily hold a formal position that might be involved in addressing the issue. Often a community member at large can be identified by asking the other key respondents, —Who would be a knowledgeable lay person in the community that I might contact to survey?

What if there isn't a person who represents a particular area in my community?

Simply substitute another area. For example, if there are no medical facilities in your community, you might be able to substitute a person in the clergy. What you are looking for is a good cross section of knowledgeable individuals in your community to help you paint a picture of your community's readiness level for a particular issue.

We are conducting several rounds of surveys to gauge our progress and evaluate our efforts. Must we survey the same people in subsequent rounds of surveying?

It's best if you can survey the same individuals, especially if six months to a year have passed. If the same person is no longer in the position, survey the person who is now in that position if the person has been in it long enough to have sufficient familiarity with the community. If not, choose someone from a related area.

Surveying

A respondent is giving very short answers with little detail. How can I get them to give me more information?

Short answers are not necessarily bad answers. The respondent may not be able to give you more detail if they have limited information about the issue. This is good information for you because it is telling you something very important about community readiness in this subset of the community. If you feel that they have more information but they are in a hurry or reticent to share it, try prompting them (using the suggestions in the questionnaire) or asking them if they can explain in more detail. In extreme cases, if it is clear the person just wants to get off the phone, ask if there would be a more convenient time to finish up the survey in the near future and call back.

How much prompting is appropriate?

As noted above, brief prompts letting the person know you would like more information are appropriate, but it is important not to prompt to the point of badgering the respondent. There are example prompts embedded in the survey questions. Please refrain from —leading the survey respondent when you trying to get more information from them.

How do I politely cut off someone who is digressing from the topic and seems to want to chat?

Simply say something polite like —I really appreciate your willingness to be so forthcoming, but I mustn't impose on your time any more than necessary and I still have a number of questions I really want to ask you.

The person I just surveyed was very short on time and stopped the survey in the middle. What should I do?

Ask this person if there is a time they can be called back to complete the survey. If there is not, it is probably best to replace this survey with another one from someone in the same area (e.g. medical, law enforcement).

Can people be given the questions ahead of time?

No. You don't want the respondents to research these questions. What they tell you without the opportunity to do background research is the true measure of the community's readiness.

What about when a person answers "I don't know" to most of the questions?

A —I don't know answer may simply reflect lack of knowledge about the issue which suggests a low level of community readiness. This is important information. However, if the respondent does not live or work in the community, or has only lived in the community a brief period of time, their —I don't know may reflect their lack of knowledge of the community, in which case you will need to replace the survey with someone who has more knowledge of the community.

Can we record the surveys?

Yes, if you get permission from the respondent. In fact, unless the surveyor is a very fast transcriptionist, recording the survey and then transcribing it is best since this will allow you to capture the full text of the survey.

Can we do these in person?

In general, people feel freer to share more information and be more forthcoming when the survey is done over the telephone as opposed to in person. It is important to keep the relationship between surveyor and survey respondent as objective as possible to not influence the responses. In some cases especially those related to culture, it may be necessary to do the surveys in person if for some reason it is not possible to conduct it over the phone. In that case, they should be done by someone who is not directly associated with the issue in the community to avoid the natural tendency to give responses consistent with that they believe the surveyor is expecting or would like to hear.

Can I ask the questions in a group and have people discuss the answers?

This is not recommended for the initial assessment. In a group setting, there will be some individuals who are more comfortable speaking up than others and their responses may dominate the discussion. Particularly at lower levels of readiness, it is important to get objective opinions from different areas in the community. Assessment is not the time for in-depth discussion, for arguing points, or for discussion of territoriality. This type of interaction will more appropriately occur when scores are used for strategy development. The reason for conducting multiple surveys is to get the individual opinions/observations about the community of key individuals and then consider them all together. The different points of view are very important to assess overall community readiness.

Scoring

When we scored the surveys, we had one survey that was very different from the others. Should we throw it out?

Often there is a good reason behind one survey differing from the others. For example, the individual may have only lived in the community for a short period of time and not be knowledgeable of the community or, at the other extreme, they may be an activist with respect to the issue and have more pronounced views not generally shared by others. The first step is to try
to understand the reason for the difference. If there is a reason why this individual may not be a good representative of the particular area they were chosen to represent, replace that survey with another

survey from someone in that same area who has lived in the community longer or one who is more generally representative.

However, be very careful about replacing a survey. It may be that respondents in that area/sector (e.g. law enforcement) have a very different view of the issue or have different information available to them. This is valuable to learn and will be very important to you in strategy development. In this case, you do not need to complete another survey. Use this survey to calculate averages for each dimension and for overall community readiness. Also, make sure to report, this difference in surveys.

How do I use the numbers on a scale of 1 to 10 that the respondents are asked to give?

These figures are NOT figured into your scoring of the dimensions in any way. Choosing a number gives a reference point (a little, a lot, etc.) to respondents and generally makes it easier for them to expand with more detail when answering the question.

When scoring, the two scorers could not come to agreement on a single score. What should we do?

It is best if the two scorers can agree on a compromise score. For example, if one says —I believe the score for this dimension based on this survey is 6.5 and the other scorer says — I believe it is a 7, they may agree to split the difference and agree on a score of 6.75.

Should we use decimal points in scoring?

Using points between the whole number scores to accurately reflect the respondent's views is not only allowed, but leads to greater accuracy in arriving at the composite scores at the end of the scoring process. We recommend using .25, .50 and .75 to accurately reflect responses between stages. After the two scorers have agreed on a score for each dimension, the dimension scores (including decimal points) should be added together and then averaged. It is only at this point that rounding can be done – and rounding is always DOWN – to achieve the overall readiness score for the community. Rounding down can be done so that efforts that a community undertakes are not beyond what a community might be ready for. It is better that efforts reinforce and move the community forward from where they are than attempt to do too much.

Who should do the scoring?

Use individuals who have been trained in scoring. Scoring should only take into account the actual responses recorded in the written transcript. All survey respondent identifiers should be removed so that there is no tendency to read something into the answers. Scoring must be an objective exercise based only on what the respondent actually said.

Can scores be made available to interested community members and other members of the public?

This can be highly desirable if the scores are made available with sufficient information about the Community Readiness Model so that what the scores mean is understood. Often this is done in a public meeting and the scores are used to help direct discussion of appropriate strategies for efforts. It is not, however, usually productive to compare communities in a public setting or a newspaper article. There are no —bad scores – the scores reflect where a community is and are not a judgment, but rather a gauge as to what types of efforts are needed to address an issue

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Appendix E
County Assessment Workbook

The County Assessment Workbook will be shared with IPN Prevention Leads soon.

Appendix F
Sample Memorandum of Understanding (MOU)

[Applicant Letterhead]

Sample Memorandum of Understanding

WHEREAS, **[Integrated Provider Network Contracted Agency]**, **[Partner 1], [Partner 2] and [Partner 3]** have come together to collaborate for **the Substance Use and Problem Gambling Services Integrated Provider Network grant**; and

WHEREAS, the partners listed below have agreed to enter into a collaborative agreement in which **[Integrated Provider Network Contracted Agency]** will be the funded agency and the other agencies will be partners in this collaboration; and

WHEREAS, the partners herein desire to enter into a Memorandum of Understanding setting forth the services to be provided by the collaborative; and

WHEREAS, the Collaboration Agreement prepared and approved by the county through its partners is to be submitted to the Iowa Department of Public Health on or before **[date].**

I) Description of Partner Agencies

For each member of the collaborative, provide some background on the agency or organization and its work regarding substance abuse prevention, specifically focusing on prevention alcohol use, tobacco use, prescription medication use, marijuana use and reducing problem gambling.

II) History of Collaboration

- *Provide a brief history of the collaborative relationship between the partners, including when and under what circumstances the relationship began.*
- *Describe the critical and long-range goals of the collaboration.*

III) Roles and Responsibilities

NOW, THEREFORE, it is hereby agreed by and between the partners as follows:

- *Clearly state the roles and responsibilities each organization or agency will assume to ensure the success of the project.*
- *Specify how often the collaborators will meet.*
- *Describe the resources each partner will contribute to the project either through time, in-kind contribution or with the use of grant funds, e.g. office space, project staff, training.*
- *Demonstrate a commitment on the part of all partners to work together to achieve stated project goals and to sustain the outcomes to the best of their abilities once grant funds are no longer available.*

1) **[IPN Contractor X]** will provide **[specify type of program/assistance/service]** including:

2) **[Partner 1]** will provide **[specify type of program/assistance/service]** including:

3) **[Partner 2]** will provide **[specify type of program/assistance/service]** including:

4) **[Partner 3]** will provide **[specify type of program/assistance/service]** including:

1) **[Applicant X]** and **[Partner 1]** will collaborate in the following manner:

2) **[Applicant X]** and **[Partner 2]** will collaborate in the following manner:

3) **[Applicant X]** and **[Partner 3]** will collaborate in the following manner:

V) Timeline

Responsibilities under this Memorandum of Understanding would coincide with the grant project period, anticipated to be **[Date in FY20 when signed]** through.

VI) Commitment to Partnership

1) The partners agree to collaborate and provide **[specify type of service through the collaboration]** as noted in this MOU.

2) We, the undersigned have read and agree with this MOU. Further, we have reviewed the proposed MOU and approve it.

By _____ Integrated Provider Network Agency Director	By_____ Drug Free Communities Support Program Coordinator (if applicable)
Date _____	Date _____
By_____ County Public Health Administrator	By_____ *Tobacco Prevention Coalition Coordinator
Date _____	Date _____

*Include a signature from each coalition coordinator if more than one coalition is participating in the project.