

Community Readiness

Assessment Training Manual

A Tool for Measuring
Community Readiness in Addressing
Problem Gambling



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Acknowledgements

This Community Readiness Manual was developed to be an easy-to-use guide for Problem Gambling Prevention Coordinators. In the pages that follow, the key concepts of the model are described in a practical, step-by-step manner. The purpose is to guide users in implementing the model so that they can better initiate the process of community change, and to help them develop effective, culturally-appropriate, and community specific strategies for prevention and intervention. It is hoped that this manual will facilitate these efforts in working toward healthier communities and eventually, a reduction of problem gambling. The Community Readiness Model represents a true partnership between prevention science and community experience.

The Community Readiness Model, previously known as the Tri-Ethnic Community Readiness Assessment was originally developed by three individuals at Colorado State University (Barbara A. Plested, Pamela Jumper-Thurman and Ruth W. Edwards). Their work in assessing community readiness for prevention is a theory-driven, community-directed approach that is based on the literature traditions of psychological readiness (e.g. individual-level motivation for change) and community development (e.g. social action, innovation decision-making). While originally developed specifically for alcohol and drug use prevention, the model in its current form is generic in that it proposes to be applicable to other community-based prevention issues (e.g. crime, HIV/AIDS).

Sunshine Consulting adapted the model to measure local readiness in addressing Problem Gambling in local communities. The model measures six dimensions of community readiness: community efforts, community knowledge of the efforts, leadership, community climate, community knowledge about the issue, and resources related to the issue. The adapted tool will help counties in Oregon to accurately measure readiness in addressing problem gambling across the six dimensions and develop strategies to increase readiness to include in the next biennial implementation plan.

PART 1: OVERVIEW OF THE COMMUNITY READINESS ASSESSMENT

What Is The Community Readiness Model?

The Community Readiness Model:

- Provides the community “truth” about an issue, which may or may not be the real “truth”. Thus, setting strategies based on the community’s readiness.
- Is a model for community change that integrates a community’s culture, resources, and *level of readiness* to more effectively address problem gambling.
- Allows communities to define issues and strategies in their own contexts.
- Builds cooperation among systems and individuals.
- Increases community capacity for problem gambling prevention and intervention.
- Encourages community investment in problem gambling and awareness.
- Can be applied in any community (geographic, issue-based, organizational, etc.).
- Can be used to address a wide range of issues.
- Is a guide to the complex process of system and community change.

What Does “Readiness” Mean?

Readiness is the degree to which a community is prepared to take action on an issue. Readiness...

- Is very issue-specific.
- Is measurable.
- Is measurable across multiple dimensions.
- May vary across dimensions.
- May vary across different segments of a community.
- Can be increased successfully.
- Is essential knowledge for the development of strategies and interventions.

Matching an intervention to a community’s level of readiness is absolutely essential for success. Interventions must be challenging enough to move a community forward in its level of readiness. However, efforts that are too ambitious are likely to fail because community members will not be ready or able to respond. To maximize chances for successful problem gambling prevention efforts, the Community Readiness Model offers tools to measure readiness and to develop stage-appropriate strategies.

Why Use The Community Readiness Model for Problem Gambling Prevention?

- Problem gambling may have barriers at various levels. Community Readiness addresses this resistance.
- It conserves valuable resources (time, money, etc.) by guiding the selection of strategies that are most likely to be successful.
- It is an efficient, inexpensive, and easy-to-use tool.
- It promotes community recognition and ownership of problem gambling.
- Because of strong community ownership, it helps to ensure that strategies are culturally congruent and sustainable.
- It encourages the use of *local* experts and resources instead of reliance on outside experts and resources.
- The process of community change can be complex and challenging, but the model breaks down the process into a series of manageable steps.
- It creates a community vision for healthy change.

What Should NOT Be Expected From The Model?

- The model can't make people do things they don't believe in.
- Although the model is a useful diagnostic tool, it doesn't prescribe the details of exactly what to do to meet your goals. The model defines types and intensity of strategies appropriate to each stage of readiness. Each community must then determine specific strategies consistent with their community's culture and level of readiness for each dimension.

Important Points About Using The Model

Keep in mind that **dimension scores provide the essence of the community diagnostic**, which is an important tool for strategizing. If your Community Readiness Assessment scores reveal that readiness in one dimension is much lower than readiness in others, you will need to focus your efforts on improving readiness in the lower dimension. For instance, if the community seems to have resources to support efforts but lack committed leadership to harness those resources, strategies might include one-on-one contacts with key leaders to obtain their support.

As another example, if a community has a moderate level of existing efforts but very little community knowledge of those efforts, one strategy may be to increase public awareness of those efforts through personal contacts and carefully chosen media consistent with the readiness stage.

Remember:

“Best practices” are only best for you community if they are congruent with your stage of readiness and are culturally appropriate for your community.

Communities are Always Ready for Something!

It's not an issue of ready or not ready,
but an issue of ready for ***what***.

Credited to the National Center for Community and Organizational Readiness

Ways The Community Readiness Model Can Be Used

- **Program Evaluation:** The evaluation of multi-component, community-wide efforts can be challenging because it is difficult to measure complex change over time. The Community Readiness Assessment offers an easy-to-use tool that can help assess the overall effectiveness of efforts. It can give insight into key outcomes (such as shifts on community norms, support of local leadership, etc.) in way that traditional evaluation methods may not bring to light.

Numerous programs have utilized the Community Readiness Assessment for evaluation of community-wide efforts. As an example, a project involving ten counties in Oklahoma developed a planning program to improve services to Native American children with serious emotional disturbances and their families. The Community Readiness Assessment offered not only an accurate way to measure readiness before and after program implementation, but also essential qualitative data to help guide program development. Based on information from the baseline Community Readiness Assessment, community members were able to identify strengths and resources to gain public support. Another assessment conducted two years later showed that all counties had moved ahead in their stages of readiness. The community support for this project continues to be overwhelming.

- **Funding Organizations:** As stewards of funds, grant making organizations need to utilize their resources in the most efficient way possible. They recognize that good projects often fail because the efforts are more advanced than what some communities are prepared to accept. Because of this, some funding organizations have used the model to quickly assess whether or not proposed projects stand a chance of success in a given community based on the readiness of the community to address the issue. Many times, they recommend that the grantee use the model to develop the infrastructure and support that will make it possible to implement projects successfully.

Validity and Reliability of The Community Readiness Model Assessment Tool

The Community Readiness Assessment tool provides an assessment of the nature and extent of knowledge and support within a community to address an issue at a given point in time. Both “the community” and “the issue” change from application to application, so applying standard techniques for establishing validity are not easily followed. In establishing validity of a measure, it is customary to find another measure that has similar intent that is well documented and accepted and see if, with the same group of people, results on the new measure agree with the results on the more established measure. It is difficult to apply this methodology to the Community Readiness Assessment tool since each application is unique and the constructs or ideas that the tool is measuring have not been addressed by other measures. There are, however, still ways validity can be established.

Establishing Construct Validity. The theory of the Community Readiness Model is a “broad scale theory.” A broad scale theory deals with a large number of different phenomena such as facts or opinions and a very large number of possible relationships among those phenomena. Although it is not possible to have a single test to establish construct validity for a broad scale theory, it is possible to test hypotheses that derive from the theory and, if the hypotheses prove to be accurate, then the underlying theory and the instrument used to assess the theory are likely to be valid. This approach has been taken over the course of development of the Community Readiness Model and construct validity for the model has been demonstrated. An explication of the hypotheses tested and results are presented in numerous articles which are available from Colorado State University (www.happ.colostate.edu).

Acceptance of The Model. Although it is not a scientific demonstration of validity, the widespread acceptance and the breadth of application of the Community Readiness Model, lend credence to its validity. Literally, hundreds of workshops have been conducted by the Tri-Ethnic Center staff, CA7AE staff and other entities presenting the Community Readiness Model and they have been enthusiastically received. Further, from simply reading about the model on CA7AE’s website or in a publication, many individuals and groups request handbooks and apply to model to their own issues in their own communities without assistance. Requests for the Community Readiness Model have come from all over the United States and Canada as well as from other countries around the world. This level of adoption occurs because people see the value of the assessment in giving them information that accurately assesses their community’s readiness to address a particular issue and, even more important, gives them a model that offers guidance to them in taking action.

As with measures of validity, the Community Readiness Assessment tool does not lend itself well to traditional measures of reliability. For many types of measures, the best evidence for reliability may be test-retest reliability. That type of methodology assumes that whatever is being measured doesn’t change and, if the instrument is reliable, it will obtain very similar results from the same respondent at two points in time. Readiness levels are rarely static, although they may remain at approximately the same level for very low stages and very high stages for some time. Once an issues is recognized as a problem in a community (Stage 3, Vague Awareness or Stage 4, Preplanning), there is almost always some movement, often resulting in some efforts getting underway (Stage 6, Initiation) and likely becoming part of an ongoing program (Stage 7, Stabilization) or beyond. This movement from stage to stage can take place in a relatively short period of time depending on circumstances in the community and movement can occur at different rates on the different dimensions. For this reason, calculating a test-retest reliability is inappropriate.

Consistent Patterns. However, a careful look at changes in community readiness over time has been examined, and there are consistent patterns that reflect reliability. In one of those studies, for example, communities that were assessed as being low in readiness to deal with methamphetamine abuse were also assessed as being low in readiness over the next three years. In contrast, communities that were above Stage 4 – Preplanning, were likely to change in readiness. For this pattern to occur, the measures of readiness had to be reasonably consistent over time.

An aspect of reliability that is highly important in determining how useful this model can be is inter-rater reliability. There are two ways of looking at this type of reliability for the Community Readiness Model – consistency among respondents and inter-rater reliability in scoring.

Consistency Among Respondents. One aspect of inter-rater reliability is the level of consistency among the respondents who are interviewed about readiness in their community. Consistency across respondents has been calculated, and it is generally very high. Accuracy has been improved by restricting respondents to persons who have been in the community for a year or more, which generally results in a valid interview—an interview that accurately reflects what is actually happening in the community.

At the same time, we do not expect or want to obtain exactly the same information from each respondent – that is why we select respondents with different community roles and connections. Each respondent is expected to have a unique perspective and their responses will reflect that perspective. The information that is collected through the interviews is never “right” or “wrong” – it simply reflects the understanding of the respondent about what is going on in the community. There are, of course, occasions when respondents do not agree; when they have radically different views of what is going on in their community. If one respondent gives responses vastly different from the others in the same community, additional interviews are added to determine what is actually occurring in that community. The very high level of agreement among respondents is, therefore, enhanced because of the methods that are used to assure we are getting an accurate picture of the community.,

Inter-rater Reliability in Scoring. Transcripts of interview with community respondents are scored independently by two scorers to obtain the level of community readiness on each dimension. Inter-rater reliability has been tested on over 120 interviews by checking the agreement between scores given for each interview by the two raters. The two scorers, working independently, gave the exact same score when rating dimensions on an interview 92% of the time. This is an exceptionally high level of agreement and speaks to the effectiveness of the anchored rating scales in guiding appropriate assignment of scores.

It is part of the scoring protocol that after scoring independently, scorers meet to discuss their scores on each interview and agree on a final consensus score. Scorers have been interviewed following this process and for nearly all of them 8% of the time they disagreed, it was because one scorer overlooked a statement in the interview that would have indicated a higher or lower level of readiness and that person subsequently altered their score accordingly.

The inter-rater reliability is, in a sense, also evidence for validity of the measure in that it reflects that each of the two persons reading the transcript of the same interview, were able to extract information leading them to conclude that the community was at the same level or readiness. If the assessment scales were not well grounded in the theory, one would expect to see much more individual interpretation and much less agreement.

PART 2: CONDUCTING THE ASSESSMENT

Process for Using The Community Readiness Model

⇒ Define “the Issue”

⇒ Define “Community”

⇒ Conduct Key Respondent Interviews

⇒ Score to Determine Readiness Level

⇒ Develop Strategies/Conduct Workshops

⇒ **COMMUNITY CHANGE!**

Step-By-Step Guide to Doing An Assessment

- **Step 1:** *Identify your issue.* In this case, the issue is to address the impact of problem gambling.
- **Step 2:** *Define your target “community”.* This may be a geographical area, a group within that area, an organization or any other type of identifiable “community.” For this project, community is defined as your county or a specific region or population within your county.
- **Step 3:** To determine your community’s level of readiness to address problem gambling, *conduct a Community Readiness Assessment* using key respondent interviews. This process is described further starting on page 17.
- **Step 4:** Once the assessment is complete, you will score the interviews to determine your community’s stage of readiness for each of the six dimensions. *The results of the assessment will be analyzed using both the numerical scores and the content of the interviews* (see pages 22-31).
- **Step 5:** Develop *strategies to pursue that are stage-appropriate.* For example, at low levels of readiness, the intensity of the intervention must be more low key and personal.
- **Step 6:** After a period of time, evaluate the effectiveness of your efforts. This can be done by conducting another assessment to see how your community has progressed.
- **Step 7:** As your community’s level of preparedness to address problem gambling increases, you may find it necessary to begin to address closely related issues. *Utilize what you’ve learned to apply the model to another issue.*

In the following sections, the foundational concepts of the Community Readiness Model are defined. These are the *dimensions* and *stages* of readiness.

Dimensions of Readiness

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

- A. **Community Efforts:** To what extent are there efforts, programs, and policies that address problem gambling?
- B. **Community Knowledge Of The Efforts:** To what extent do community members know about local efforts and their effectiveness, and are the efforts accessible to all segments of the community?
- C. **Leadership:** To what extent are appointed/elected leaders and influential community members (non-elected/appointed) supportive of problem gambling prevention efforts?
- D. **Community Climate:** What are the prevailing attitudes of the community toward problem gambling? Is it one of helplessness or one of responsibility and empowerment?
- E. **Community Knowledge About the Issue:** To what extent do community members know about and/or have access to information on problem gambling and how it impacts your community?
- F. **Resources Related To The Issue:** To what extent are local resources – people, time money, space, etc. – available to support problem gambling prevention efforts?

Your community's score with respect to each of the dimensions will form the baseline foundation of the overall level of community readiness.



Below, each of the nine stages of readiness of the Community Readiness Model are defined.

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

How To Conduct A Community Readiness Assessment

Conducting a Community Readiness Assessment is the key to determining your community's readiness by dimension stage scores. To perform a complete assessment, you will be interviewing eight individuals using the questions on the following pages. There are approximately 24 questions, and each interview should take 30-60 minutes to complete. Before you begin, please review the following guidelines:

- Identify a minimum of eight individuals in your community, some who work in the field of service provision and some who do not. In some cases, it may be “politically advantageous” to interview more people. It is suggested that you try to find people who represent different segments of your community. To ensure inclusiveness and diverse representation across the county, remember to include individuals from different towns within the same county or who serve the county as a whole. Individuals may represent:
 - Health and medical professions
 - Social services
 - Mental health and treatment services
 - Schools and universities
 - City/County/Tribal government
 - Law enforcement
 - Clergy or spiritual community
 - Community at large
 - Elders or specific high-risk groups in your community
 - Youth (if appropriate to do so – must be at least 18 years of age or obtain parental consent)
- Read through the questions on the following pages. As you will see “problem gambling” has already been inserted as “the issue”. You may want to add other questions that are more specific to problem gambling. If you want to add questions, add them to the end to avoid confusion when scoring.
 - If translating questions from English into another language, ask a person who is very familiar with the language and culture to translate. Then, have the translated version “back-translated” into English by another person to ensure that the original content of the questions was captured.
 - Pilot test your additional questions and/or translated interview to make sure they are easy to understand and that they elicit the necessary information for scoring each dimension.
- Contact the key respondents that you have identified to see if they would be willing to be discuss the issue. Remember, each interview will take 30-60 minutes.
- Conduct your interviews:
 - The interviews should be conducted in a face-to-face setting; avoid telephone and written format.
 - Ask the questions exactly as they are written; avoid interjecting personal bias or opinions; refrain from side discussion or comment with the interviewees.
 - Do ask for clarification when needed by using prompts as designated. Collect and record responses as if you know nothing about your community.
 - Record or write responses precisely as they are given. Try not to add your own interpretation or to second guess what the interviewee meant.
 - Ideally, the interviews should be digitally recorded and then fully transcribed; however, as an alternative approach, two interviewers may be present during the interview – one to ask the questions and one to transcribe. It is strongly discouraged that only one person conducts the interview and records the responses.

Community Readiness Assessment Problem Gambling Interview Questions

INTRODUCTION

Hello, my name is (*name*), and I am with (*agency name*). We are conducting interviews in (*name of community*) to get your thoughts about problem gambling in (*county/community*). I'm contacting key people and organizations in (*name of community*) that represent the areas of prevention, treatment, mental health, medical, community members at large, school, law enforcement, parents, religious/spiritual and elected officials. **The purpose of the interviews is to learn more about how your community is addressing problem gambling so that we may be adequately informed to develop prevention strategies for the community to implement.** This interview should last about a half an hour to an hour and of course, the entire process, including individual names and your name will be kept confidential. Our definition of "problem gambling" is any gambling, betting or wagering that causes family, financial, legal, emotional or other problems for the gambler, their family or others.

A. PREVENTION PROGRAMMING

B. COMMUNITY KNOWLEDGE ABOUT PREVENTION

1. In your opinion, using a scale from 1-10, how much of a priority is problem gambling to your community with one being not at all and ten being a high priority? Please explain your rating. (A)
2. Please describe the efforts, programs or activities that are available in your community to address problem gambling? (A)
3. How long have these efforts been in place? (A)
4. Who can receive services from these programs/efforts? (A)
5. What are the strengths of these efforts? (A and possibly other Dimensions)
6. What are the weaknesses of these efforts? (A and possibly other Dimensions)
7. What type of plans are in place to continue these services? (A)
8. How is evaluation data being used to develop new efforts? (A)
9. Please describe any policies that are in place in your community that address or support the prevention of problem gambling. (A)
10. How long have these policies been in place? (A)
11. In your opinion, using a scale from 1 to 10, how aware is the community of these efforts, program activities or policies, with one being not at all and ten being a great deal. Please explain your rating. (B)
12. Please explain what you believe that the community knows about the efforts, such as, purpose, what services do they offer, how to access the services. (B)

13. Are there community members who are involved in sharing information about activities or efforts? Please explain. (B)

C. LEADERSHIP (includes appointed leaders and influential community members)

14. In your opinion, using a scale from 1-10, how much of a priority is problem gambling to the leadership in your community with one being not at all and ten being a high priority? Please explain your rating.

15. How do the “leaders” in your community support and promote problem gambling efforts, activities or events? (prompt: on committees, attend events, speak on issue in public) Please explain.

16. Would the leadership support additional efforts? Please explain.

**If needed could request clarification of how interviewee defines “leadership”.

D. COMMUNITY CLIMATE

17. Describe your community.

18. What is the community’s attitude about problem gambling?

19. How supportive or involved is the community in the prevention of problem gambling? Please explain.

E. KNOWLEDGE ABOUT THE PROBLEM

20. In your community, what type of information is available regarding problem gambling issues?

21. How knowledgeable are community members about problem gambling issues? Such as, signs, symptoms and local data, etc. Please explain.

22. What local data on problem gambling is available in your community?

23. How do people obtain this information in your community?

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

24. What is the community’s attitude about supporting efforts, such as people volunteering time, making financial donations, and providing meeting space?

25. Are you aware of any proposals or action plans that have been written to support problem gambling in your community? If yes, please explain.

26. What type(s) of evaluation is being conducted on efforts?

27. Do you have any additional comments?

ADDITIONAL QUESTIONS (not part of the scoring process)

Additional Statewide Questions (Required)

INTRODUCTION

Problem gambling is often coupled with other behavioral health issues including substance use disorders, suicidal behaviors, depression, etc. And Oregon provides effective and confidential resources at no cost for individuals and their families to address potential problems with gambling. However, these resources are significantly underutilized.

28.. What opportunities are available to enhance existing efforts to address these issues by including information about problem gambling?

29. How could your agency (or those within your circle of influence) support efforts to increase awareness and utilization of these resources?

30. What opportunities are available within our community to discuss problem gambling and inform people about what they can do if they are concerned about someone's gambling behaviors?

Additional Local Questions (optional)

PART 3: SCORING AND DEVELOPING STRATEGIES

Scoring Community Readiness and Infrastructure Interviews For A Complete Assessment

Scoring is an easy step-by-step process that provides the stage of readiness for each of the nine dimensions. The following pages provide the process for scoring. There is a scoring worksheet on page 24 and anchored rating scales starting on page 26. Ideally, two people should participate in the scoring process in order to ensure valid results on this type of qualitative data. Further, for greater accuracy the two scorers should be different than the person(s) conducting the interviews. Below are the step-by-step instructions that should be used to score each community's assessments:

- Each scorer will *read through each interview in its entirety before scoring any of the dimensions so that they have a general feeling and impression of the community that is derived from the interview data.* Although questions are arranged in the interview specific to each dimension, other interview sections may also provide some responses that will help the scorer to gain a richer understanding from the information. This is helpful in scoring other dimensions.
- Again, working independently, the scorers will read through the anchored rating scale for the dimension being scored. Always starting with the first anchored rating statement and working their way up. The scorers will go through each dimension separately and highlight or underline statements that refer to each of the anchored rating statements. If the community exceeds the first statement, the scorer will proceed to the next statement. In order to receive a score at a specific stage, all previous levels must have been met up to and including the statement which the scorer believes best reflects what is stated in the interview. In other words, a community cannot be at stage 7 and not have achieved what is reflected in the statements for stages 1 through 6. Note each answer will not be scored individually, but scored using the themes that emerge from all of the responses that relate to each specific dimension combined.
- On the scoring sheet on page 24, each scorer will enter their dimension scores in the table labeled INDIVIDUAL SCORES. Each interview will have a score for each of the nine dimensions. The table provides space for eight key respondent interviews.
- When the independent scoring is complete, the two scorers will then meet to discuss the scores. The goal is to reach consensus on the scores by discussing items or statements that might have been missed by one scorer and which may affect the combined or final score assigned. Remember: different people can have slightly different impressions, and it is important to seek explanation for the decisions made. Once consensus is reached, the scorers will fill in the table labeled CONSENSUS SCORES on one of the scoring sheets. Then the scores will simply be added across each row to determine a total for each dimension.

- To find CALCULATED SCORES for each dimension, the scorers will take the total for that dimension and divide it by the number of interviews. For example: if two scorers have the following combined scores for their interviews:

Interviews	#1	#2	#3	#4	#5	#6	#7	#8	TOTAL
Dimension A	3.5	5.0	4.25	4.75	5.5	3.75	3.0	4.5	34.25

TOTAL Dimension A $\frac{34.25}{8} = 4.28$

Repeat for all dimensions, and then total the scores.

- The result will be the overall stage of readiness for each dimension of the community. The scores correspond with the numbered stages and are “rounded down” rather than up. Therefore, a score between a 1.0 and a 1.99 would still fall into the first stage, a score of 2.0 to 2.99 would fall into the second stage and so forth. In the above example, the average 4.28 represents Stage 4 or Preplanning.
- Finally, under comments, the scorers will write down any impressions about the community, any unique outcomes, and any qualifying statements that may relate to the score of the community.

Community Readiness & Infrastructure Assessment Scoring Sheet

Scorer: _____

Date: _____

INDIVIDUAL SCORES: Record each scorer's independent results for each interview for each dimension. The table provides spaces for eight interviews.

Interviews	#1	#2	#3	#4	#5	#6	#7	#8
Dimension A								
Dimension B								
Dimension C								
Dimension D								
Dimension E								
Dimension F								

CONSENSUS SCORES: For each interview, the scorers should discuss their individual scores and then agree on a single score. This is the **CONSENSUS SCORE**. Record it below and repeat for each interview in each dimension. Then, *add across each row* and find the total for each dimension. Use the total to find the calculated score below.

Interviews	#1	#2	#3	#4	#5	#6	#7	#8	TOTAL
Dimension A									
Dimension B									
Dimension C									
Dimension D									
Dimension E									
Dimension F									

COMMENTS, IMPRESSIONS, AND QUALIFYING STATEMENTS about the community.

Community Readiness Comparison Scoring Sheet (Optional)

Only use if repeating the assessment for evaluation

INITIAL ASSESSMENT SCORES: For each dimension, insert the score from the initial assessment and the score from the follow-up assessment. Then indicate whether the change in score signified an actual change in the level of readiness. For example, the score for a particular dimension may have been a 5.5 at the initial assessment and is now a 5.8 at the follow-up; however, the level of readiness does not change until the score moves to 6.0 or above, in which case your community's readiness would move from Preparation to Initiation.

Interviews	Initial Assessment Score	Follow-Up Assessment Score	Change in Stage of Readiness
Dimension A			
Dimension B			
Dimension C			
Dimension D			
Dimension E			
Dimension F			

COMMENTS, IMPRESSIONS, AND QUALIFYING STATEMENTS about changes in the community.

Anchored Rating Scales for

Each Scoring Each Dimension

Dimension A. EXISTING COMMUNITY EFFORTS

-
-
- 1 No awareness of the need for efforts to address problem gambling.
-
-
- 2 No efforts addressing problem gambling.
-
-
- 3 A few individuals recognize the need to initiate some type of effort, but there is no immediate motivation to do anything.
-
-
- 4 Some members of the community have met and have begun a discussion of developing community efforts.
-
-
- 5 Effort (programs/activities) are being planned.
-
-
- 6 Efforts (programs/activities) have been implemented.
-
-
- 7 Efforts (programs/activities) have been running for four years.
-
-
- 8 Several different programs, activities and policies are in place, covering different age groups and reaching a wide range of people. New efforts are being planned.
-
-
- 9 Evaluation plans are routinely used to test effectiveness of many different efforts, and the results are being used to make changes and improvements.
-
-

Dimension B. Community Knowledge Of The Efforts

-
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- 9
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Community has no knowledge of the need for efforts addressing problem gambling.

Community has no knowledge about efforts addressing problem gambling.

A few members of the community have heard about efforts, but the extent of their knowledge is limited.

Some members of the community know about local efforts

Members of the community have basic knowledge about local efforts (e.g., purpose).

An increasing number of community members have knowledge of local efforts and are trying to increase the knowledge of the general community about these efforts.

There is evidence that the community has specific knowledge of local efforts including contact persons, training of staff, clients involved, etc.

There is considerable community knowledge about different community efforts, as well as the level of program effectiveness.

Community knowledge of program evaluation data on how well the different local efforts are working and their benefits and limitations.

Dimension C. Leadership (includes appointed leaders & influential community members)

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1 Leadership has no recognition of problem gambling.

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2 Leadership believes that problem gambling is not a concern in their community.

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3 Leader(s) recognize(s) the need to do something regarding problem gambling.

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4 Leader(s) is/are trying to get something started.

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5 Leader(s) are part of a committee or group that addresses problem gambling.

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6 Leaders are active and supportive of the implementation efforts.

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7 Leadership are supportive of continuing basic efforts and are considering resources available for self-sufficiency.

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8 Leaders are supportive of expanding/improving efforts through active participation in the expansion/improvement.

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9 Leaders are continually reviewing evaluation results of the efforts and are modifying support accordingly.

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Dimension D. Community Climate

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1 The prevailing attitude is that problem gambling is not considered, unnoticed or overlooked within the community. "It's just not our concern."

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2 The prevailing attitude is "There's nothing we can do," or "Only 'those people' do that," or "Only 'those people' have that."

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3 Community climate is neutral, disinterested, or believes that problem gambling does not affect the community as a whole.

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4 The attitude in the community is now beginning to reflect interest in problem gambling. "We have to do something, but we don't know what to do."

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5 The attitude in the community is "We are concerned about this," and community members are beginning to reflect modest support for efforts.

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6 The attitude in the community is "This is our responsibility" and is now beginning to reflect modest involvement in efforts.

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7 The majority of the community generally supports programs, activities, or policies. "We have taken responsibility."

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8 Some community members or groups may challenge specific programs, but the community in general is strongly supportive of the need for efforts. Participation level is high. "We need to keep up on this issue and make sure what we are doing is effective."

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9 All major segments of the community are highly supportive, and community members are actively involved in evaluating and improving efforts and demand accountability.

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Dimension E. Community Knowledge About The Issue

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Problem gambling is not viewed as an issue that we need to know about.

No knowledge about problem gambling.

A few in the community have basic knowledge of problem gambling, and recognize that some people here may be affected by the issue.

Some community members have basic knowledge and recognize that problem gambling occurs locally, but information and/or access to information is lacking.

Some community members have basic knowledge of problem gambling, including signs and symptoms. General information on problem gambling is available.

A majority of community members have basic knowledge of problem gambling, including the signs, symptoms and behaviors. There are local data available.

Community members have knowledge of, and access to, detailed information about local prevalence.

Community members have knowledge about prevalence, causes, risk factors, and related health and/or behavioral health concerns.

Community members have detailed information about problem gambling and related behavioral health concerns as well as information about the effectiveness of local programs.

Dimension F. Resources Related To The Issue (people, money, time, space, etc.)

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There is no awareness of the need for resources to deal with problem gambling.

There are resources available for dealing with problem gambling.

The community is not sure what it would take, (or where the resources would come from), to initiate efforts.

The community has individuals, organizations, and/or space available that could be used as resources.

Some members of the community are looking into the available resources.

Resources have been obtained and/or allocated for problem gambling.

A considerable part of support of on-going efforts are from local sources that are expected to provide continuous support. Community members and leaders are beginning to look at continuing efforts by accessing additional resources.

Diversified resources and funds are secured and efforts are expected to be ongoing. There is additional support for further efforts.

There is continuous and secure support for programs and activities, evaluation is routinely expected and completed, and there are substantial resources for trying new efforts.

Using The Assessment To Develop Strategies

With the information you've gained in terms of dimensions and overall readiness, you're now ready to develop strategies that will be appropriate for your community. This may be done in a small group or community workshop format. For this project, we will be walking through this process together. We encourage you to bring members of your coalition to the workshop. Then armed with the tools you need, you can facilitate the process in your own community.

The first thing to do is look at the distribution of scores across the dimensions. Do not use the overall average score. The true power of using readiness involves the individual dimension scores. What are the lower scores?

Once a community knows its level of readiness in dealing with problem gambling, it can then develop strategies for prevention/intervention. The model offers suggestions for readiness appropriate strategies for each state of readiness. These strategies are not specific answers; they are general statements and examples of approaches that may be effective. Specific answers must come from the community itself but should be consistent with the types of actions contained within a specific stage.

If you have one or more dimensions with lower scores than the others, focus your efforts on strategies that will increase the community's readiness on that dimension or those dimensions first. Make certain the intensity level of the intervention or strategy is consistent with, or lower than, the stage score for that dimension. **To be successful, any effort toward making change within a community must begin with strategies appropriate to its stage of readiness.**

After you review your community's readiness levels, you should facilitate a discussion about your community's level of readiness with your local coalition.

- A. Ask the coalition members what stage they believe the community falls into for prevention efforts for problem gambling. Have the participants briefly explain their answers. Allow participants to have a brief discussion about their opinions.
- B. Present the readiness scores for your community. Remind participants what the readiness score means. For example, if your community scores a "3," describe the Vague Awareness stage of readiness.
- C. Allow for a brief discussion of this readiness score and answer any questions from the participants. If people take issue with the score, simply explain that differing viewpoints provide the richness in the strategy development and this score reflects the perceptions of those who were interviewed. However, avoid discussion of strategies at this time; you can let the audience know that you will soon move onto strategies.
- D. Move to the strategies for that particular readiness score. Show your community's stage of readiness for each dimension, and the general types of strategies that are appropriate for this stage of readiness.
- E. Have a discussion about the next steps that the coalition should take.
- F. The coalition should then develop a strategic plan consistent with the readiness stages their community falls into. Use the instructions in the section that follows to help create an action plan.

Goals and General Strategies Appropriate For Each Stage

1. No Awareness

Goal: Raise awareness of the issue

- Make one-on-one visits with community leaders/members.
- Visit existing and established small groups to share information with them about local problem gambling prevention statistics and general information.
- Make one-on-one calls to friends and potential supporters.

2. Denial/Resistance

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

- Continue the one-on-one visits and encourage those you've talked with to assist.
- Approach and engage local educational/behavioral health outreach programs to assist in the effort with flyers, posters, or brochures.
- Begin to point out media articles that describe local statistics and available problem gambling prevention or intervention services.
- Prepare and submit articles on problem gambling for newsletters, church bulletins, club newsletters, etc.
- Present information to local related community groups.

3. Vague Awareness

Goal: Raise awareness that the community can do something

- Get on the agendas and present information on problem gambling at local community events and to unrelated community groups.
- Post flyers, posters, and billboards.
- Begin to initiate your own community health events (pot lucks, potlatches, etc.) and use those opportunities to also present information on problem gambling.
- Conduct informal local surveys and interviews with community people by phone or door-to-door about attitudes and perceptions related to problem gambling.
- Publish newspaper editorials and human interest articles with general information and local implications.

4. Preplanning

Goal: Raise awareness with concrete ideas

- Introduce information about problem gambling through presentations and media. Focus on reducing stigma and raising general awareness.
- Visit and invest community leaders in the cause.
- Review existing efforts in the community (curriculum, programs, activities, etc.) to determine who the target populations are and consider the degree of success of the efforts.
- Conduct local focus groups to discuss problem gambling and related issues and develop some basic strategies.
- Increase media exposure through radio and television public service announcements.

5. Preparation

Goal: Gather existing information with which to plan more specific strategies

- Seek out local data sources about problem gambling.
- Conduct more formal community surveys.
- Sponsor a community health event to kick off your efforts.
- Conduct public forums to develop strategies from the grassroots level.
- Utilize key leaders and influential people to speak to groups and participate in local radio and television shows to gain support.
- Plan how to evaluate the success of your efforts.

6. Initiation

Goal: Provide community-specific information

- Conduct in-service training on Community Readiness and other related topics for professionals and paraprofessionals (bullying, suicide, date violence, alcohol and drug use, etc.).
- Plan publicity efforts associated with start-up of activity or efforts.
- Attend meetings of other groups to provide updates on progress of the effort.
- Conduct consumer interviews to identify service gaps, improve existing efforts, and identify key places to post information.
- Begin a library or Internet search for additional resources and potential funding.
- Begin some basic evaluation efforts.

7. Stabilization

Goal: Stabilize efforts and programs

- Plan community events to maintain support for problem gambling efforts.
- Conduct training for community professionals.
- Conduct training for community members, parents, elders and youth.
- Introduce your program evaluation results through training and newspaper articles.
- Conduct quarterly meetings to review progress and modify strategies.
- Hold recognition events to honor local supporters or volunteers.
- Prepare and submit newspaper articles detailing progress and future plans.
- Begin even wider networking among service providers and community systems, perhaps not specific to problem gambling, but related to behavioral health and wellness.

8. Confirmation/Expansion

Goal: Enhance and expand services

- Formalize the networking with qualified service agreements.
- Prepare a community risk assessment profile.
- Publish a localized program services directory.
- Maintain a comprehensive database available to the public.
- Develop a local speaker's bureau.
- Initiate policy change through support of local city officials.
- Conduct media outreach on specific data trends related to problem gambling.
- Utilize evaluation data to modify efforts.

9. High Level of Community Ownership

Goal: Maintain momentum and continue growth

- Maintain local business community support and solicit financial support from them.
- Diversify funding resources.
- Continue more advanced training of professionals and paraprofessionals.'
- Continue re-assessment of problem gambling and progress made.
- Utilize external evaluation and use feedback for program modification.
- Track outcome data for use with future grant requests.
- Continue progress reports for benefit of community leaders and local sponsorship. At this level the community has ownership of the efforts and will invest themselves in maintaining the efforts.

Brainstorming An Action Plan

Use Brainstorming to Develop Strategies

- Allow the coalition to “brainstorm” as many ideas as possible. Point out that during the next few minutes, there will be no in-depth discussion but just random ideas thrown out quickly. If someone begins what could be a lengthy discussion, tell the group you will hold up two fingers to signal them to hold that thought until the appropriate discussion time later and move on.
- Consider all suggestions and be creative, there are no right or wrong answers.
- Use a flip chart to write down all ideas.
- Never brainstorm on one topic for more than two minutes, remember you’re going for quantity of ideas at this point, not quality.

What is Brainstorming?

Brainstorming is a quick and fast approach to developing creative ideas – it allows participation from all – it works within a specific set time limit and it allows no time for discussion of ideas – that comes later.

Easy Steps for Brainstorming:

Step 1: Describe brainstorming and set up the rules, the two finger signal, and the time limit.

Step 2: Do a test run with a simple question, i.e. what are your “comfort foods,” the food that make you feel good and reduce your stress? Don’t tell me why, just shout them out.

Step 3: Identify the issue, i.e. prevention of problem gambling and the need for raising awareness of prevention efforts. Only discuss one topic at a time.

Step 4: First, write Strengths on the top of a flip chart page. Tell the coalition members they have two minutes to brainstorm ideas about strengths, then ask “What strengths do we have in this community to prevent problem gambling?” or “What strengths do we already have in place to raise awareness of prevention efforts?” Move fast and write down all the things that people throw out. This must move as quickly as possible as the issue of comfort foods. Tape the completed sheet(s) up so that all can see it. Let the participants know that they may add to it if they choose, during breaks or as they think of additional things.

Step 5: After two minutes, go on to the next topic and write Conditions/Concerns on the top of the flip chart. Tell the participants once more that they have two minutes, then ask them to “Identify the current conditions that exist in the community, their concerns, or barriers, i.e. what might stop us from reaching our goals?” Conclude at two minutes and tape the sheet up on the wall.

Step 6: Then move on to Resources. These differ from strengths in that they are tangible things that are already established or in place. Some of these may be the same as strengths, but that’s okay. Remind the participants once more of the two minutes rule, title your flip chart page, then ask “What are our resources, i.e. what do we already have in place that we can draw from to reach our goal?” Conclude in two minutes and tape the sheet alongside the others. You now have several sheets of really good ideas that were developed in less than ten minutes.

Step 7: Here’s where the discussion comes in, but still keep a time limit (whatever you decided is appropriate) and keep the group focused. Look at the readiness scores one more time and set the priorities (dimensions with lowest readiness scores). Look at the types/intensity of strategies used at the stage in which your community scored. Then ask the coalition “Knowing that our readiness score for this dimension is _____, and using the strengths and resources, what strategies can we use to best meet our conditions/concerns?” Allow the group to formulate some specific strategies that can be completed in reasonable steps.

Step 8: Create an action plan or action strategies (see examples) and list each strategy, then identify specific action steps in reaching the strategy.

Tips for successful and focused strategy development for your community:

1. Reach consensus about which dimensions are the greatest priority based on readiness scores. Identify the dimensions you want to focus on short term, then long term.
2. Break the participants into groups of three to five each allowing them to group themselves in respect with which dimension they want to work with (each group will take two or three dimensions that they will work with specifically).
3. Have each group review the types of strategies that are used at that level of readiness consistent with the dimension they are focusing on.
4. Develop three detailed strategies for each dimension of focus.

For each strategy developed, identify what is to be done, who should do it (agency, person, etc.) by when, and where or how it should be done. It is also helpful to identify three activity steps toward achieving the strategy.

Step 9: At the next meeting, get the update on tasks completed and tasks outstanding. If necessary, do more brainstorming to overcome any obstacles that might arise.

Record of Community Strengths, Conditions/Concerns, and Resources

Community Name: _____ Date of Workshop: _____

Staff Name(s): _____

Overall Readiness Score and Stage: _____

<u>Strengths</u>	<u>Conditions/Concerns</u>	<u>Resources</u>

Example

Record of Community Strengths, Conditions/Concerns, and Resources

Community Name: Anywhere, USA Date of Workshop: 5/25/18

Staff Name(s): _____

Overall Readiness Score and Stage: 4 - Preplanning

<u>Strengths</u>	<u>Conditions/Concerns</u>	<u>Resources</u>
Community pride Caring for one another Strong family units Religious/spiritual support Education Strong work ethic Cultural heritage Low crime/safe community Honesty (painfully so) Low cost of living Lake resources Recreation (baseball, track, golf)	Negative attitude Stigma Powerful and inaccurate gossip Self-righteousness School involvement is low Tough to challenge Lack of program buy-in from general community Low socioeconomic status Lack of youth input Large minority population that is ignored by the state Few programs available locally No confidentiality Everyone knows everyone	School Church Community and civic groups Spiritual leaders Good healthcare and clinic Volunteers Lake School activities and clubs Family Neighbors Finances Health fairs Sports opportunities Strong political connections Local newspaper that is supportive Local radio station

Record of Community Interventions and Strategies: Action Plan

Community Name: _____

Date of Workshop: _____

Staff Name(s): _____

Overall Readiness Score and Stage: _____

Intervention/Strategies	
1.)	Who's Responsible:
	Target Date for Completion:
	Date of Completion:
2.)	Who's Responsible:
	Target Date for Completion:
	Date of Completion:
3.)	Who's Responsible:
	Target Date for Completion:
	Date of Completion:
4.)	Who's Responsible:
	Target Date for Completion:
	Date of Completion:
5.)	Who's Responsible:
	Target Date for Completion:
	Date of Completion:

Example

Record of Community Interventions and Strategies: Action Plan

Community Name: Anywhere, USA

Date of Workshop: 5/25/18

Staff Name(s): _____

Overall Readiness Score and Stage: 4 - Preplanning

Intervention/Strategies	
<p>1.) Educational/Presentation to Adult Groups</p> <p>What: Information Dissemination When: School Orientation; Health Fair Where: During college conferences How: Table with information on high-risk drinking and local prevention efforts</p>	<p>Who's Responsible: Prevention Specialist, Regional Community Health Representative (to provide the information) and College Counselor (to coordinate with Healthy Communities, Healthy Youth Coalitions)</p> <p>Target Date for Completion: Early November</p> <p>Date of Completion:</p>
<p>2.) Increase Awareness of Problem gambling and Alcohol Prevention Efforts</p> <p>What: Pow Wow When: September How: 1.) Booth with high-risk drinking information and general information on alcohol prevention efforts 2.) Get MC to announce booth every ½ hour 3.) Advertise on radio show 4.) Hold honor dance for healthy youth</p>	<p>Who's Responsible: Prevention Specialist (Regional Prevention Specialist to help if Prevention Specialist is not available), youth, elder, Community Health Representative</p> <p>Target Date for Completion: September</p> <p>Date of Completion:</p>
<p>3.) Information Dissemination</p> <p>What: General information about problem gambling Where: clinics, libraries, grocery stores, social services, restaurants, theaters, etc. How: Leave information, posters and thank you letters for displaying the information</p>	<p>Who's Responsible: Prevention Specialist (to provide information to disseminate)</p> <p>Target Date for Completion: November 15th</p> <p>Date of Completion:</p>
<p>4.) Community School-Based Activities to the General Community</p> <p>When: Announcements to the local newspaper will be published 2 times prior to every pertinent event; Public Service Announcements on problem gambling and prevention efforts will be made every week</p> <p>How: Announcements prior to the even shall be made by: -Local newspaper -PSA's and TV/Radio -Factoids will be provided monthly</p>	<p>Who's Responsible: Prevention Specialist, Pastor, Youth, Elder</p> <p>Target Date for Completion: Thanksgiving Day</p> <p>Date of Completion:</p>



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