2013 Community Readiness Assessment

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Healthy Monadnock 2020

Healthy Monadnock 2020 is a community-wide health initiative designed to actively engage the citizens of Cheshire County, New Hampshire in the process of becoming the nation’s healthiest community by 2020. The initiative is lead by the Council for a Healthier Community, a coalition of community partners representing multiple sectors, including healthcare, education, private business, municipal and state governments, non-profit agencies and recreational organizations. These community partners work in groups to identify and align programs, policies and services that are currently addressing relevant issues; to select measurable, valid and recognizable indicators of health; and to prioritize and recommend strategies and interventions to be implemented in the community in the years ahead.

Healthy Monadnock and Community Readiness

In Spring 2010, the Council commissioned the first Community Readiness Assessment to help it gauge the degree to which the Cheshire County community was prepared to take action to become the healthiest in the nation. The 2013 readiness assessment serves as the first planned follow up to help gauge progress in readiness over the intervening years. The results from this assessment will be used to help determine the most appropriate strategies for change and to monitor the community’s increasing capacity to achieve the goals of Healthy Monadnock 2020.

Community Readiness Explained

Readiness is the degree to which a community is prepared to take action on an issue across several dimensions. In this assessment, the “issue” was defined to informants as “Our ability to connect and empower individuals and communities to take charge of their own health and well-being, for example wellness promotion and proactive health services and programs in your community, that support the goal of becoming the healthiest community in the nation”.

The six dimensions of community readiness are:

- **Existing Efforts:** To what extent are there efforts, programs, and policies that address the issue?
- **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?
- **Leadership:** To what extent are appointed leaders and influential community members supportive of the issue?
- **Climate:** What is the prevailing attitude—helplessness versus empowerment?
- **Knowledge About the Issue:** To what extent do community members know about the causes and consequences of the problem in your community?
• **Resources:** To what extent are people, time, money, space available to support efforts?

After interviews with key community members are conducted and analyzed, the community’s stage of readiness across these dimensions, the “readiness score”, is calculated. This score is then matched with corresponding prevention goals and strategies that are appropriate for each stage of readiness, thus improving the chances that interventions are met with success. There are nine stages of Community Readiness, ranging from No Awareness and Denial to Community Ownership (Table 1). The accepted practice for using the assessment results in a community setting is to target the lowest dimensions of readiness first, and to match interventions to readiness levels. For instance, campaigns to convince people that the issue is a real problem in their community are appropriate for low levels of awareness, whereas the same campaign would strain the patience of audiences who are ready to take action and who want information about how to proceed.

*Community Readiness, Table 1: Stages of Readiness*

<table>
<thead>
<tr>
<th>Stage of Readiness</th>
<th>Stage Characteristics</th>
<th>Stage-specific Intervention Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No Awareness</td>
<td>Issue generally not recognized as a problem</td>
<td>Raise awareness of the issue</td>
</tr>
<tr>
<td>2. Denial</td>
<td>Some concerned, but few regard as local problem or one that can be changed</td>
<td>Raise awareness that the problem exists in the community</td>
</tr>
<tr>
<td>3. Vague Awareness</td>
<td>Recognition of the problem, but no motivation for action</td>
<td>Raise awareness that the community can do something about the problem</td>
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<tr>
<td>4. Preplanning</td>
<td>Recognition of the problem, agreement that something must be done, but few efforts underway</td>
<td>Raise awareness with concrete ideas to address the problem</td>
</tr>
<tr>
<td>5. Preparation</td>
<td>Active planning, modest community support</td>
<td>Gather existing information to help plan strategies</td>
</tr>
<tr>
<td></td>
<td>Initiation</td>
<td>Stabilization</td>
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<tr>
<td>---</td>
<td>------------</td>
<td>---------------</td>
</tr>
<tr>
<td>6.</td>
<td>Enough info to justify efforts; efforts are underway</td>
<td>One or two efforts supported; staff trained/experienced</td>
</tr>
<tr>
<td>7.</td>
<td>Provide community-specific info</td>
<td>Stabilize efforts/program</td>
</tr>
</tbody>
</table>
Methods

Community Readiness Interview Protocol
In order to assess Cheshire County’s readiness, we used the Community Readiness Interviewing protocol, which was developed by the Tri-Ethnic Center for Prevention Research at Colorado State University. This protocol has proven useful in numerous health initiatives across the country.

The Community Readiness Interviewing protocol takes about one hour to complete using a set of standard interview questions (Appendix). The Community Readiness Handbook (Plested et al., 2006) suggests interviewing a small (4-6) number of key informants who represent the relevant sectors within the target community. The interview responses are scored by two independent raters, who reach consensus on any discrepant scores. This ultimately yields a numeric score, ranging from 1-9, for each of six dimensions.

Breakdown of Interviewees
Interviews addressing all six dimensions of community readiness were conducted with 32 persons from Cheshire County. Each interviewee represented one of five geographical regions (table 1) and a particular sector of Cheshire County. The sectors represented were:

- Health (N=5),
- Municipalities (N=5)
- Education (N=6)
- Business (N=5)
- The community at large (N=7)
- Safety/enforcement (N=4)

The geographic areas were comprised of five regions:

- Region #1: Keene
- Region #2, "Northwest": Walpole, Westmoreland, Alstead, Surry
- Region #3, "Northeast": Gilsum, Marlow, Stoddard, Sullivan, Harrisville, Nelson, Roxbury
- Region #4, "Southwest": Chesterfield, Winchester, Richmond, Hinsdale: Keene
- Region #5, Southeast": Marlborough, Troy, Fitzwilliam, Swanzey, Jaffrey, Rindge, Dublin
Community Readiness, Table 2: Regional Breakdown of Interviewees

Interview Procedure

An AUNE doctoral student trained and supervised three senior Keene State interns to conduct and score the readiness interviews. Interns scored each interview independently, compared and discussed their scores, and ultimately achieved consensus scores for each domain. Scores of individual interviews were then averaged within each region and sector. The scores in the Results section demonstrate the level of community readiness across the entire Cheshire County region; they should be taken into account during Healthy Monadnock 2020 intervention planning.
Community Readiness by Dimension in Cheshire County

The total Community Readiness score (5.5) indicates that, across dimensions, the Cheshire Country region is in Stage 5 (Preparation) for readiness to become the healthiest community in the nation (Table 3). The preparation stage indicates that Cheshire County is actively planning health improvement with modest community support. This marks an improvement from 2010, then the total score was 4.4 -- the preplanning stage.

Community Readiness, Table 3: Readiness by Dimension in 2010 and 2013

Cheshire County's dimensional profile reveals:

- The highest dimension is “Existing Community Efforts” (6.3; Stage 6; Initiation): Community efforts are underway.

- The remaining 5 dimensions: “Community Climate” (5.5), “Resources related to the Issue” (5.5), “Community Knowledge of Efforts” (5.4), “Leadership” (5.4), and “Community Knowledge of Issue” (5.2), are in Stage 5 (Preparation): Active planning with modest community support.

- The largest improvement from 2010 occurred in the Community Climate dimension, which moved from 3.9 (Vague Awareness) in 2010 to 5.5 (Preparation) in 2013. This improvement indicates that the county was only beginning to take interest in community health improvement in 2010, but now modestly support the effort.
The smallest improvement from 2010 occurred in the Resources Related to the Issue dimension. In 2010 this dimension scored at 4.8 (Preplanning) and in 2013 received a 5.5 (Preparation). This improvement indicates that the community had some resources in 2010, and have since begun more actively looking into putting those resources to work.

**Intervention Strategies for Dimensions**

These results suggest that Community Knowledge of the Issue, Leadership, and/or Community Awareness of Efforts should be the primary intervention targets. Recommended interventions include increasing awareness of the benefits of community health improvement among community members and leaders, while increasing the amount of health information available (as well as the awareness of where to turn to find health information). These interventions can be applied by organizing events and sharing information and data via Facebook or Twitter, or email blasts to newsletter subscribers. Additionally, increasing the awareness of efforts that are already underway by leveraging social media and grass roots marketing may also be viable strategies.

**Specific Intervention Strategies:**

- Continue Community Summits to publicize & highlight efforts. Presenting the products of community summits on Facebook, Twitter, electronic newsletters and email blasts can help reach younger community members as well as those who do not typically attend meetings.

- Present in-depth local statistics to community groups and agencies; statistics can be presented in person and via the social media outlets mentioned above.

- Determine and publicize the benefits of improving community health. Frequent Facebook “status updates” from the Healthy Monadnock 2020 page could keep community members informed about the benefits, as could “tweets” on Twitter. Contact the administrators of community websites to negotiate the placement of a link to the Healthy Monadnock 2020 website or Facebook page.

- Continue to conduct public forums and focus groups to develop strategies; also, increase an online presence by encouraging community members to comment on community health issues on popular social media websites.

- Utilize key leaders, agencies, businesses, and influential people to speak to groups, participate in local radio and television shows, and mention Healthy Monadnock 2020 on Twitter feeds and Facebook posts. Furthermore, utilize advertising opportunities and sponsorships on websites affiliated with community leaders to include a Healthy Monadnock 2020 logo linked to the Healthy Monadnock website or Facebook page.

**Community Readiness by Sector in Cheshire County**

Cheshire Country’s readiness by sector profile (Table 4) reveals that the Municipal (6.8), Health (6.6), and Education (6.0) sectors rated highest in readiness, at Stage 6 (Initiation). These results indicate that members of the community have enough information to justify efforts and efforts are underway.
The Business (5.8) and Community at Large (5.6) sectors are at stage 5 (Preparation) of readiness: Members of the community are actively planning activities with modest community support.

The Safety/Enforcement (4.8) sector scored lowest in readiness at stage 4 (Preplanning), indicating that there is recognition of the problem, agreement that something must be done, but few efforts underway.

*Community Readiness, Table 3: Readiness by Sector in 2010 and 2013*

The largest improvement from 2010 occurred in the health sector, which shifted from 3.9 (Vague Awareness) in 2010 to 6.6 (Initiation) in 2013. This improvement indicates that communities were beginning to recognize a need for health improvement in 2010, but efforts have since been planned and are now currently underway.

The smallest improvement from 2010 occurred in the Business (5.8) and Community at Large (5.6) sectors. Both of these sectors shifted from the Preplanning Stage (4) to the Preparation Stage (5). This improvement indicates that community members were beginning to agree that something must be done in 2010, and have since begun to actively plan organized efforts with support from the community.

**Intervention Strategies for Sectors**

These results suggest that that the Safety/Enforcement (4.8) sector should be the initial target, followed by the Community at Large (5.6) and Business sectors (5.8). Potential intervention strategies include increasing awareness of the benefits of community health improvement by sending information to safety sector leaders and other personnel. This information can be sent via email blasts to police departments, fire departments and other safety offices as well as posting information on websites that this sector may frequent. Increasing the amount of health information available to this sector (as well as the
awareness of where to turn to find health information), will aid in raising awareness of the need for community health improvement.

Specific Intervention Strategies:

- Invite safety/enforcement workers to Healthy Monadnock 2020 events, and other events centered on increasing community health.
- Present in-depth local statistics to safety/enforcement workers in both face to face meetings and through online advertisements, Facebook, Twitter, and email.
- Determine and publicize the benefits of improving community health to this sector.
- Invite individuals from this sector to participate in public forums and focus groups to develop strategies for community health improvement; online chat rooms developed for healthy living discourse is an additional forum that would benefit from the safety/enforcement sectors participation.
- Utilize key safety/enforcement leaders, agencies, businesses, and influential people to speak to groups and to participate in local radio, television shows and post on social media such as Facebook and Twitter.
- Ask leaders in this sector to contribute to writing a recurring column in the Healthy Monadnock 2020 newsletter, or contribute to an online health blog or column on the Healthy Monadnock website.

**Community Readiness by Region in Cheshire County**

Keene (Region #1; 6.28) and the Northwest (Region #2; 6.16) regions were the highest in readiness (Stage 6, Initiation stage). Members of these communities have enough information to justify efforts and efforts are underway. The Northeast (Region #3; 5.03) and Southwest (Region #4; 4.26) regions had the lowest readiness, scoring in the Preparation and Preplanning stages of readiness, respectively. The preparation stage of readiness indicates that members of the community are actively planning activities with modest community support, while the preplanning stage of readiness indicates community recognition of the problem, agreement that something must be done, but few efforts underway.
Intervention Strategies for Sectors

These results suggest that that the Southwest Region (#4) should initially be targeted, followed by the Northeast Region (#3). Potential intervention strategies should center on raising awareness in the Southwest Region by providing concrete ideas and concepts to address the need for community health improvement.

Specific Interventions:

- Introduce community health improvement information through presentations, regional website presence, social media and more conventional media outlets (such as PSA’s) that target towns in region #4:
  - Chesterfield
  - Winchester
  - Richmond
  - Hinsdale
- Visit and develop support for the community health improvement efforts of leaders in these towns. Additionally, assess the online footprint of these communities for health improvement messages and support or bolster these existing efforts.
• Review existing community health improvement efforts to determine the degree of success to date. Help publicize successful efforts through social media such as Facebook, town websites, twitter and electronic newsletters.

• Conduct local focus groups in these towns to discuss issues and develop strategies for community health improvement.

• Initiate discourse on social media websites and chat rooms to encourage an online discussion among community members.

Readiness by Sector Compared to 2010
In the 2010 Community Readiness Assessment, Cheshire County was divided into two regions: Keene and Surrounding Towns. Therefore, in addition to providing the current regional breakdown, we also provided the comparison of these two regions in 2010 and 2013 (Table 5). Keene moved from the preparation stage of readiness in 2010 (5.1) to the initiation stage in 2013 (6.3). This improvement indicates that Keene was in a stage of active in planning in 2010, and that members of the Keene community have since garnered enough information to justify efforts that are currently underway. Surrounding towns improved from being in the preplanning stage of readiness in 2010 (4.0) to the preparation stage of readiness in 2013 (5.1). This improvement indicates that in 2010, regions outside of Keene recognized the problem and agreed that something should be done, but few efforts were underway; these communities have since begun to actively plan with modest community support. Both regions showed similar levels of improvement since 2010.

Community Readiness, Table 5: Total Readiness: Keene vs. Surrounding Towns in 2010 and 2013
Summary of Findings
Readiness across all dimensions and sectors has significantly improved since 2010. As a whole, Cheshire County has moved from recognizing that community health improvement is needed (Preplanning), to actively planning health improvement efforts with modest community support (Preparation).

Recommendations
Continue to highlight community health improvement efforts, utilize key leaders and increase the presence of both Healthy Mondadnock 2020 and other community health initiatives through events, publications and social media is recommended. Furthermore, the Safety/Enforcement Sector and Southwest Region, should be targeted for enhanced attention. We recommend providing these communities with specific statistics, planning support, and forums.
References

Appendix : Readiness Interview Protocol

A. EXISTING EFFORTS and B. COMMUNITY KNOWLEDGE OF EFFORTS
   1. Using a scale from 1-10, how much of a concern is community health improvement in your community, with one being not at all and ten being a very large concern? Please explain.
   2. Please describe the efforts that are available in your community to address community health improvement?
   3. How long have community health improvement efforts been going on in your community?
   4. What does the community know about these efforts or activities?
   5. What are the strengths of these efforts?
   6. What are the weaknesses of these efforts?

C. LEADERSHIP
   12. Using a scale from 1 to 10, how much of a concern is community health improvement to the leadership in your community, with one being not at all and ten being a very large concern? Please explain.
   13. How are the “leaders” in your community involved in efforts regarding community health improvement? Please explain. (For example: Are they involved in a committee, task force, etc.? How often do they meet?)
   14. Would the leadership support additional efforts? Please explain.

D. COMMUNITY CLIMATE
   21. How does the community support efforts to address community health improvement?
   22. What are the primary obstacles to address efforts of community health improvement in your community?

E. KNOWLEDGE ABOUT THE ISSUE
   23. How knowledgeable are community members about this issue. Please explain. (Such as: dynamics, signs, symptoms, statistics, effects on family and friends, etc.)
   24. What type of information is available in your community regarding this issue?
   25. What local data on this issue is available in your community?
   26. How do people obtain this information in your community?

F. RESOURCES FOR PREVENTION EFFORTS
   27. To whom would an individual affected by this issue turn to first for help in your community? Why?
   29. What is the community’s and/or local business’ attitude about supporting efforts with people volunteering time, making financial donations, and/or providing space?
   30. Are you aware of any proposals or action plans that have been submitted for funding that address this issue in your community? If yes, please explain.
31. Do you know if there is any evaluation of these efforts? If yes, using a scale from 1 to 10, how sophisticated is the evaluation effort, with one being not at all and ten being very sophisticated?
32. Are the evaluation results being used to make changes in programs, activities, or policies or to start new ones?