



Assessing community needs and readiness

*A toolkit for working with communities
on ATOD prevention*

AUGUST 2011



**Regional
Prevention
Coordinators**
Alcohol Tobacco and Other Drugs



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Prepared by:

Melanie Ferris
Cheryl Holm-Hansen
Laura Martell Kelly

Wilder Research
451 Lexington Parkway North
Saint Paul, Minnesota 55104
651-280-2700 / www.wilderresearch.org

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CHAPTER 1: INTRODUCTION

Toolkit overview

This toolkit is intended to provide Regional Prevention Coordinators (RPCs) with a set of resources to use when helping coalitions conduct community assessments. The toolkit provides a framework to distinguish between community needs and community readiness assessments and offers tips, tools, and strategies to consider using when working with communities and coalitions. It also reviews some tips and approaches that can be used to assess coalition capacity and cohesion.

Because the approach used to conduct a community needs assessment should vary based on the interests and capacity of the coalition, this toolkit does not offer a prescribed set of data collection tools and procedures that must be used. Instead, this toolkit is intended to be a resource guide the RPCs can use to help communities think critically about different data collection approaches to develop an assessment framework that will meet the needs of the community.

Alignment between community needs and community readiness assessments

What is a community needs assessment?

While there are many evidence-based prevention models and interventions, a challenge in alcohol, tobacco, and other drug (ATOD) prevention work is choosing the best model or approach to address the needs of the community. To select the most appropriate prevention approach, it is critical to have a comprehensive understanding of the community's needs, strengths, assets, and resource gaps. A community needs assessment can provide local stakeholders with the information they need to prioritize their most pressing needs and identify approaches to address those concerns.

A needs assessment is a tool that can be used to understand a community's needs and assets. Through the assessment process, information can be gathered to describe ATOD use in the community, the impact of ATOD use, current prevention/enforcement activities already being used, and gaps in community resources. This information can be used to educate community members and stakeholders about ATOD use in the community, dispel misconceptions about ATOD use, review current prevention efforts, and prioritize strategies to address the most pressing concerns identified during the needs assessment process.

What is a community readiness assessment?

Community readiness is the capacity of a community to implement programs, policies, and other changes designed to reduce the likelihood of ATOD abuse. Readiness may include a number of dimensions, such as the community's recognition of ATOD problems, the availability of needed resources, a plan for addressing ATOD concerns, and leaders positioned to take action. A community

readiness assessment gathers information about readiness from community members. With this information, strategies can be identified to increase capacity and community support for ATOD prevention efforts.

How do community needs and readiness assessments complement each other?

While a community needs assessment uses data to “paint the picture” of a community in regard to current ATOD prevention activities, a community readiness assessment looks specifically at the perceptions of community members in regard to ATOD use and their alignment to current data, the readiness of community stakeholders to make change (e.g., representatives of schools, law enforcement, prevention advocates, students, community at-large), and the capacity of the community to pursue changes. Community readiness should be assessed before an intervention approach is selected.

Community needs and readiness assessments are complementary approaches that should be used together when working with communities. As mentioned previously, community needs assessments involve steps that are critical in understanding the actual needs of the community in regard to ATOD use. Coalition representatives may be interested on focusing the work of the coalition on a particular topic because of personal interests or inaccurate perceptions of community needs based on anecdotal information. The information gathered through a needs assessment can help you guide communities to make data-informed decisions to work on issues that are most important to address.

When helping communities consider the best intervention options, it is not only important to understand community needs, but the capacity and interest communities have in making changes to address these needs. Readiness assessments help coalitions gather data that help them determine whether there is enough community support for an ATOD prevention initiative, or if more work needs to be done first to educate coalition members and community residents about ATOD issues facing the community.

A community needs assessment provides the context needed to understand the data gathered during the community readiness assessment process. Some coalitions may choose to conduct a needs assessment as a first step in understanding ATOD use in the community. This information is essential to understanding how the coalition should best focus its attention. Although a readiness assessment should be done before an intervention is selected, it should not be done without a thorough understanding of the community’s needs. Community readiness data may be difficult to interpret without a needs assessment. For example, the data from a readiness survey may indicate the community is ready to take action, but without the needs assessment, the coalition may not know where to best focus its efforts.



CHAPTER 2: PREPARING FOR AN ASSESSMENT

This toolkit provides tips and resources for conducting community needs and readiness assessments related to ATOD use and prevention. Before conducting any assessment, it is important to engage the community in planning and shaping the assessment. Both kinds of assessment can be broad, looking at a variety of issues across a large region, or targeted, focusing on specific areas of concern within a narrowly defined geographic area or population group (such as college students or returning veterans). What is most important is that the assessment is done in full coordination with the local community and is tailored to answer the most pressing questions.

Three initial steps are needed to prepare for a community assessment: 1) convene local stakeholders; 2) define the scope of the assessment; and 3) develop a common “assessment language.” These steps do not necessarily need to occur in the order listed, but all should be addressed when preparing for the assessment. In addition, these steps may not occur in a linear manner. For example, if the scope of the assessment changes, it may be necessary to reach out and invite other stakeholders to participate in the coalition.

Convening local stakeholders. To ensure the needs assessment provides a comprehensive and accurate view of the community, it is critical to engage local stakeholders in the assessment process. These individuals should include individuals who represent important stakeholder groups and are able to speak to the needs and concerns of the larger community. In many communities interested in completing needs or readiness assessments, a coalition of stakeholders committed to reducing ATOD use in the community has been established. However, it is important to review the roles active coalition members have in the community, identify any stakeholder groups who are not adequately represented, and reach out to engage key representatives of these groups.

Defining the scope of the assessment. When determining the scope of the community assessment, it is important to consider which stakeholder groups are currently engaged in the coalition, any time constraints that must be taken into account to complete the work, the capacity of the group to conduct the community needs assessment, and how the information from the assessment will be used.

Developing a common “assessment language.” A coalition is strengthened when its membership is diverse and representative of key stakeholder groups. While all coalition members are likely to have a common interest in reducing ATOD use in the community, they may not all share the same perspectives or use the same language to describe prevention activities or the conditions they would like to address. Coalition members may want to spend some time building consensus about topics related to their proposed interventions. Common definitions may need to be developed to ensure all stakeholders have a shared understanding of the assessment goals. For example, a coalition interested in working on alcohol prevention strategies may need to discuss how they will define and measure “binge drinking” as they plan and conduct the assessment.

Issues to consider

When preparing for a community assessment, it is also important to think about the unique characteristics of the community and how they may influence which data collection approaches are chosen. As you work with the coalition to define the community and scope of the assessment, consider the demographic characteristics of the community (e.g., racial/ethnic characteristics, socioeconomic status, rural versus urban, age of residents) and any target populations you may plan to focus on during the assessment.

Assessing needs and readiness in rural communities

Although the same general framework applies when conducting community assessments in both rural and urban settings, there are some things to keep in mind when working with small, rural communities.

- **Community assets and resources may need to be considered from a broader perspective.**

Many rural communities lack the number and diversity of prevention resources found in urban communities. However, it is important to think broadly about community assets and resources before simply labeling a community as resource-poor. For example, in urban settings, it can be easier to assess the availability of prevention resources, as there are often organizations in the community dedicated to this type of work. In rural communities, organizations may work to address a broader array of issues, but not actively promote or advertise all areas. As a result, it is important to work with the coalition to identify local prevention resources, rather than relying on online searches or other scans of community resources. In addition, it is common for residents in rural communities to seek resources from neighboring towns or cities that are 60 miles away. When meeting with the coalition, find out which communities local residents travel to when shopping or attending doctor appointments and consider whether the prevention resources in these communities should be included in your list of local assets and resources. Finally, informal support systems are often strengths in rural communities. When identifying community assets, you may want to work with your coalition to identify local organizations that have large youth or social groups (e.g., churches, gardening clubs, softball leagues). These groups may also have a strong influence on the social norms in the community around alcohol or tobacco use.

- **Privacy concerns may need to be addressed.** Gathering feedback from key community stakeholders is an important part of assessing community needs and readiness. However, when gathering feedback from stakeholders in very small communities, you may not be able to guarantee anonymity when reporting results. For example, in rural communities with a single school district, it may be much easier to identify which “school representative” offered specific feedback to the assessment. As you develop your data collection approaches, take time to consider how the information will be gathered and reported so that all key informants are fully informed when they provide consent to an interview.

■ **Thoughtful analysis is needed when reporting results based on demographic characteristics.**

In rural communities, it can be difficult to analyze and report data describing differences in opinion based on demographic characteristics (e.g., race, ethnicity, primary language, socioeconomic status, age), as the population may be too small to report statistically significant differences. Although it is essential to gather input from a diverse group of residents when conducting a community assessment, it may not be appropriate to report responses by race, ethnicity, or other demographic factors, especially if it would reveal how specific, identifiable community members responded.

Culturally-competent assessment approaches

Cultural competency can be defined in many ways. SAMHSA has identified a number of compelling reasons to pursue cultural competency in prevention work, including:

- Eliminating long-standing disparities in the quality of prevention services to people of diverse racial, ethnic, and linguistic populations; and consideration of gender, disabilities, and sexual orientation in delivery of prevention services.
- Improving the effectiveness, quality of services, and positive prevention outcomes to targeted populations.
- Adding to the body of knowledge, awareness, and skill in the design, implementation, and delivery of prevention programs, policies, and practices.
- Understanding to what extent evidence-based programming has been tested on diverse populations. Not all evidence-based programming works with every targeted group. A culturally-competent assessment will help inform the choice of evidence-based programming.
- Demonstrating the philosophy that an effective program is a culturally competent program across the board, such as agency, policies, staff, and programs/practices.

It is critical to identify appropriate strategies and methods for engaging diverse communities during the needs assessment process. Take care to ensure that assessment activities are representative of the community of interest. Remember that culture can mean a variety of things beyond race. For example, a culturally diverse group may be a religious group; an age group; a group of people of similar socioeconomic status; or a group of people with similar interests, goals or objectives.

Below are some considerations in conducting a culturally competent assessment:

- **Identify a cultural “translator.”** When thinking of including cultural groups in any portion of the assessment, seek advice from a representative of the cultural group of interest. For example, if you are interested in hearing from the elderly community, consider meeting with an older adult from the community to ask their opinion of the best approaches to gathering information within that community.
- **Listen, observe, and ask.** Take time to develop relationships with representatives of any cultural community you are hoping to engage in your assessment efforts. Observe how members of the group interact with one another, identify the natural leaders within the community, and ask questions to better inform your approach to the group.
- **Be mindful of cultural differences among people involved (directly and indirectly) in your assessment.** There may be reluctance of culturally diverse individuals to participate in research/evaluation efforts, given historical concerns and the perception of the process as intrusive and potentially exploitative. Learn if members of the cultural group of interest may have some of these reservations.
- **Consider the most culturally appropriate strategy for data collection.** Written surveys may not be the most appropriate strategy for all groups; consider focus groups or key informant interviews for groups with limited English proficiency or who, for other reasons, are more comfortable sharing information orally. See the data collection section (Chapter 6) for more information on selecting appropriate approaches.
- **When necessary, conduct data collection activities in languages other than English.** If translating written surveys or other written documents, be sure to have a native speaker of the language of interest either participate in the translation or at least review the translated materials. It is important to have someone who is familiar with the purpose of the data collection activities review translated materials to ensure questions and concepts are conveyed. If interviews or focus groups are to be conducted, try to identify representatives of the cultural group who can either lead or assist with data collection efforts, such as conducting interviews or taking notes.
- **Use cultural stakeholders or “translators” (identified above) to assist with interpretation of the data.** Get feedback about the interpretations, and present results back to the targeted communities. This will help with trust-building and buy-in with future activities.

ADDITIONAL RESOURCES ON CULTURAL COMPETENCE IN ASSESSMENT

The Journey Continues: Ensuring a cross-culturally appropriate evaluation

This report, funded by the Colorado Trust, provides tips on conducting culturally competent evaluations and case studies illustrating ways to make different evaluation approaches more inclusive.

<http://www.coloradotrust.org/attachments/0001/0089/EnsureCrossCulturalCompetent-Evaluation.indd.pdf>

ATOD cultural needs assessment: The ATOD prevention needs within the Latino-Hispanic community in Renville County and the Native American Community in Yellow Medicine County, Wilder Research, 2010

This report summarizes the findings from a series of focus groups with culturally-specific communities in Renville and Yellow Medicine Counties. It is an example of how focus groups can be used to gather youth and adult perceptions of ATOD use, concerns, ideas for engaging youth and adults in prevention efforts, and suggestions for ATOD prevention programming.

<http://www.wilder.org/download.0.html?report=2318>

Addressing misperceptions

Perceptions and misperceptions play a critical role in prevention planning at many different levels. All of us have a tendency to misperceive the environments in which we work and live. Misperceptions occur when we and our communities inaccurately perceive facts, public opinions, norms, enforcement efforts, and many other issues. Misperception science is complex. For example, three (of many) different types of misperceptions that can lead to problem behaviors or inaccurate interpretation of data include:

- Pluralistic ignorance occurs when a majority of individuals falsely assume that most of their peers behave or think differently from them, when in fact they behave or think similarly. For example, most students drink moderately or not at all, yet they incorrectly assume that other students drink more than themselves.
- False consensus occurs when individuals believe that others are like themselves when they are not. For example, heavy drinkers may erroneously think that most other students are heavy drinkers. The false consensus misperception helps an individual deny that his or her attitudes or behavior are problematic or unusual.

- False uniqueness occurs when individuals exaggerate the difference between their own behavior and the behavior of others. For example, abstainers may assume that they are “unique” in their behavior and withdraw, feel isolated, or experience unwarranted questioning of their own position.

- From the Center for Applied Research Solutions
http://www.youthbingedrink.org/strategies/n_strategy1.php

As you work through the assessment process, you may need to redirect coalition members and community residents to use the data, rather than forming action steps based on their perceptions of ATOD use in the community. The facilitated discussion data collection strategy presented later in the toolkit offers an approach to assess community readiness through consensus building and discussion around misperceptions of ATOD use in the community.

At the beginning of the assessment process, make sure that the questions asked in the assessment are broad enough to allow for exploration of key issues. Narrowing the focus of the assessment can lead to biased data collection. For example, the steps taken to assess the degree to which binge drinking is a problem in the community may be very different than the approach taken if the assessment begins with the assumption that binge drinking is the most significant ATOD concern impacting young adults.



CHAPTER 3: COMMUNITY NEEDS ASSESSMENTS

A community needs assessment framework

This section of the toolkit offers an assessment framework and provides a sample outline that can be used to present results.

Which questions should be answered in a community needs assessment?

All needs assessments should be developed to meet the needs of the community. The following framework consists of six key questions that can be answered by compiling primary and secondary data. Primary data are data collected specifically for the assessment, while secondary sources refer to statistics reported by other reputable sources such as the Minnesota Student Survey (MSS) or Substance Use in Minnesota (SUMN). Suggestions for key measures and potential sources of data are also included in this framework. For more information about the suggested data collection options, see Chapter 6 of the toolkit.

What are the characteristics of the community?

Descriptive information, including the location and size of the community, demographic characteristics of residents, number of schools, employment and home ownership rates, and other information, can be used to “paint a picture” of the community. When gathering information, consider what an outside reader would need to know in order to understand the community’s assets, strengths, and challenges.

Topic area	Examples of data that can be used	Data collection options
Demographic characteristics of community residents	Gender, age, cultural characteristics of community residents, including trends over time	Secondary data review (Census/American Community Survey data, student demographic information through school districts)
Description of local strengths, weaknesses, resources, gaps	Number/type/description of agencies currently offering ATOD prevention services	Asset mapping (a structured approach to identifying community assets and gaps)
	Qualitative description of coalition’s recent accomplishments, characteristics of stakeholders	Key informant interviews
	Number of licensed alcohol/tobacco vendors	Secondary data review (City Administrator records)
	Status of local ordinances (i.e., smoke-free parks, penalties for failed tobacco/alcohol compliance checks, local host ordinances)	Secondary data review (Review of existing policies/ordinances) Key informant interviews

What ATOD concerns have brought stakeholders to the table?

It is important to understand the concerns and priorities of local stakeholders. Some communities may have a strong interest in focusing on restricting youth access to alcohol, while others may be concerned about drug use. Recent events highlighted in the media could have raised awareness or concern about an issue. This information is useful, not only in understanding current community concerns, but in recognizing potential priorities or biases among coalition stakeholders.

Topic area	Examples of data that can be used	Data collection options
Perceptions of ATOD prevention needs among coalition members/stakeholders	Qualitative data describing major ATOD issues, concerns	Key informant interviews Facilitated discussion

What is known about ATOD use in the community?

Topic area	Examples of data that can be used	Data collection options
Actual ATOD use among community members	Percentage of students/adults reporting alcohol/tobacco/other drug use Number of treatment admissions/ER visits	Secondary data review (Minnesota Student Survey, Adult Behavioral Survey) Secondary data review (local data, Drug Abuse Warning Network (DAWN))
Impact of ATOD use in the community	Number of DWI crashes, arrests, DWI-related deaths Number of underage citations	Secondary data review (BCA crime report data; local law enforcement records)

What are the perceptions of residents about ATOD use in the community?

While existing data sources can provide information about actual ATOD use, it is also important to understand how ATOD use is perceived by community members. Information about the ways youth access alcohol, tobacco, and other drugs, factors that encourage/discourage unhealthy ATOD use behaviors (i.e., community culture, peer pressure), and the degree to which residents feel ATOD use is a problem in the community may also be helpful to understand. Factors influencing ATOD use or perceptions around ATOD use may vary, based on the age, socioeconomic status, or racial/ethnic background of residents, so efforts should be made to ensure feedback is gathered from a representative sample of residents.

Topic area	Examples of data that can be used	Data collection options
Perceptions of community residents regarding ATOD use	Factors that encourage/discourage alcohol/tobacco/other drug use among teens Qualitative/quantitative description of level/degree of resident concern	Focus groups Key informant interviews Written/online surveys Focus groups Key informant interviews Written/online surveys

Is the community ready to make change?

Community readiness is important to consider before identifying potential prevention/intervention strategies. When considering readiness, it is critical to consider whether the community is prepared and ready to act on the areas of concern identified through the needs assessment process. Therefore, a community readiness assessment should not be conducted unless a community needs assessment has been completed recently (or is being completed simultaneously).

NOTE: This component is addressed in much greater detail in the “Community Readiness” section of the toolkit. Specific tools are identified and described.

Topic area	Examples of data that can be used	Data collection options
Perceptions of community capacity to implement prevention activities	Qualitative descriptions of stakeholder concerns	Written survey Focus group
Level of support among key stakeholders, community residents for ATOD prevention activities	Quantitative rating of “readiness” using a standardized instrument	Key informant interviews Facilitated discussion

Are there other community strengths, assets, weaknesses, and challenges that should be taken into account when working on this type of initiative?

In the course of working with a community as it conducts a needs assessment, you may want to ask about other factors or important issues to consider when developing strategies to address ATOD use in their community. This “catch-all” question can help coalition members remain open and receptive to new pieces of information that may not otherwise fit into their data collection plan.

Topic area	Examples of data that can be used	Data collection options
Other high priority issues, concerns identified by key stakeholders	Potential emerging issues High-visibility events/recent concerns among community residents Factors that should be considered when considering interventions with specific populations	Open-ended responses to questions on written surveys Key informant interviews Focus groups

How do I develop a data collection plan?

After identifying the key questions the coalition hopes to answer through the community needs assessment, consider the data collection options that they will use to gather this information. Often, it can be helpful to first review existing secondary data sources to identify local issues and trends before gathering qualitative data (e.g., waiting to finalizing focus group questions so that specific questions regarding ATOD issues of local concern can be integrated into the focus group discussion guide). When considering the data collection timeline, consider holidays or other events that may interrupt plans for data collection. (For example, if the plan is to gather data from schools, avoid requesting data or attempting to conduct student focus groups during the first and last month of the school year.) It is also important to consider your time available to provide TA and the capacity of the coalition to conduct these various data collection tasks. The timeline may need to be extended if it is not possible to conduct multiple activities simultaneously.

A simple timeline, similar to the timeline shown below, can be a useful way to depict the coalition's data collection plan and ensure all planned activities are accomplished on schedule.

	Jan	Feb	Mar	Apr	May
Finalize assessment questions					
Review secondary data					
Conduct student focus groups					
Conduct key informant interviews with stakeholders					
Conduct focus groups with Hispanic, Somali residents					

NOTE: A more detailed timeline may include specific deadlines to finalize focus group questions, recruit participants, make logistical arrangements, and other key activities.

Collecting the data

Needs assessment data can be collected using a variety of different strategies. Please see the “Data Collection” section of the toolkit (Chapter 6) for tips and strategies to use when gathering qualitative and quantitative data.

Synthesizing the data

One of the challenges of conducting a comprehensive needs assessment is synthesizing the large amount of data the coalition or the community is likely to have after reviewing existing data and gathering new information. After analyzing both the quantitative and qualitative data they have gathered, they will need to interpret their results and develop conclusions and recommendations based on that information. During this phase, it is important to take a step back to consider what the results mean and assess their implications. To the best of the coalition's ability, they will want to look at the data without preconceived ideas about what they anticipate or hope the assessment results will show.

The following questions can help the coalition/community begin to interpret the results from the community needs assessment:

- What patterns and themes emerge in the results?
- Are there any deviations from these patterns? If yes, are there any factors that might explain these deviations?
- Do the results make sense?
- Are there any findings that are surprising? If so, how can the results be explained?
- Are the results significant from a clinical or statistical standpoint? Are they meaningful in a practical way?
- Do any interesting stories emerge from the responses?
- Do the results suggest any recommendations for improving prevention efforts in the community?
- Do the results lead to additional questions about community needs? Do they suggest that additional data may need to be collected?

Involving other stakeholders

When reviewing the data and interpreting the results, it is essential to approach the data with an unbiased perspective so that the interpretation is not influenced by what one expects the data will tell them about the community. Although it can be helpful to contract with an independent third party to analyze and report the data collected by the coalition to help ensure it is reviewed without bias, this may not be feasible or desirable in all communities. Regardless of who is responsible for analyzing the data, it is often helpful to involve other stakeholders when synthesizing and interpreting the data. Stakeholders may have questions about the data that are important to answer that lead to additional analyses or offer different possible explanations to observed trends or

other key findings. It can be helpful for the coalition to meet to review the preliminary findings from the assessment prior to any recommendations being developed.

Triangulating data

Multiple types of data are needed to fully understand complex issues, such as community needs and community readiness. Using data from multiple sources can demonstrate reliability when results are congruent across different stakeholder groups or different data collection methods. Data from multiple sources can also be used to explore an issue in greater detail. For example, while treatment admission records will indicate how many residents are seeking treatment for stimulant abuse, focus group data will help explain how residents are first introduced to stimulants. In this situation, the results from these different data sources complement or clarify one another.

Sometimes, when results from different data sources are reviewed, the results may seem inconsistent or contradictory. When reviewing data from multiple sources, it is important to recognize that often these different sources are used to examine a common concept in multiple ways. For example, to answer the question, “Is underage binge drinking a problem in the community?” a number of different data sources may be used, including: Minnesota Student Survey data to identify the percentage of 12th grade students who self-report binge drinking; the total number of underage drinking citations administered during the past year by law enforcement; and the perceptions of underage binge drinking gathered through student focus groups. Each data collection approach will provide different estimates of the extent to which underage binge drinking is a problem in the community. However, together, these data provide the coalition/community with a more comprehensive understanding of the issue. If you encounter a situation where data are reported differently across sources, report all the information and explain what you know about differences in how terms are defined or the approach used to gather data. Assuming all data sources seem reliable, consider whether they all reach similar conclusions. For example, if all data sources are similar, you may be able to say that although the degree to which binge drinking occurs in the community is unclear, all sources indicate it is an area of concern in the community. If the sources of data provide conflicting information, it would be more appropriate to point out these inconsistencies and suggest that additional data collection activities may be needed to better understand this issue.

When reviewing multiple sources of data, consider the strengths and limitations of each approach and understand the degree to which the information can be generalized. When the data do not converge, it may indicate that there are different opinions among stakeholders or variations in behavior among different demographic groups. It may also indicate an issue with the data collection approach, such as a survey question being interpreted differently than intended. When conflicting data emerge, time should be taken to address these discrepancies and consider why these inconsistencies occurred. Possible explanations for these differences should also be included when reporting the information.

Considering statistical significance and practical value

When quantitative data are analyzed and interpreted, it is important to consider not only results that are statistically significant, but of practical value. For example, although survey data may indicate a significant reduction in alcohol use among 9th grade students over the past three years, the issue may still be an important concern in the community. Findings that are not significant may still be useful, and should not be dismissed without considering whether they have practical importance to the community.

Developing recommendations

The recommendations developed by the community should reflect the most important issues identified during the needs assessment. On a basic level, the results from the assessment should be used to build an argument to address a specific topic or take a particular approach to address issues of greatest concern in the community. The recommendations may be based on suggestions provided by key informants or focus group participants, but could also include strategies that were not specifically identified during the needs assessment, but indicated by the literature or supported by the experiences of other communities. It is important to remember that the data should drive the selection of the most appropriate strategy so that community needs and intervention approaches are well-aligned.

Some of the recommendations made could suggest the use of evidence-based intervention approaches that align with the community's needs. The SAMHSA Center for Substance Abuse and Prevention (CSAP) has developed a Prevention Platform that can be used to identify intervention approaches that have been demonstrated as effective with different populations. This resource, and other planning documents, can be found on the following website: <https://preventionplatform.samhsa.gov>

Reporting the results

The results from the community needs assessment need to be shared with stakeholders in a way that provides them with clear information that can be used to help guide their next steps. The approach used to report key findings from the assessment may vary, based on the needs of the stakeholder group. While a PowerPoint presentation may be appropriate for some audiences, others may want to read a formal report and have opportunities for discussion and strategic planning. Regardless of the approach taken, the following tips should be taken into account when reporting information:

- Focus on key findings and data that support these important results. Try not to bombard the audience with information, but synthesize the most important take-away points and highlight key pieces of data that support these findings. If there are surprising or potentially controversial findings, it may be necessary to report additional data to support these key findings in the appendix or in an expanded section of the report.
- Consider using bulleted lists, graphs, and charts to present information in a clear, concise way. In written reports, bold font or bulleted lists can be used to clearly identify key points to the reader. Graphs and charts can be used to simplify data and may be a more meaningful way to report information to audiences who are visual learners.
- Clearly describe the limitations of the assessment. There are strengths and limitations associated with all types of data collection approaches, and some information can be challenging to gather and interpret. Be forthcoming with the limitations of the assessment approach so that the audience can interpret the data in the appropriate context.

Sample report outline

The following outline can be used as a guide when providing TA to a community around writing its community needs assessment report. This guide can be modified by eliminating sections that are not relevant, adding new sections to report information gathered through other data collection approaches, or changing the order of sections to better highlight key findings from the community or reflect local priorities.

I. Introduction

In 1-3 sentences, identify the purpose of the community needs assessment, the target population included in the assessment (i.e., a targeted age group or the entire community), the stakeholder group(s) who participated in the development of the needs assessment, and how this information will be used. Report any concerns that brought local stakeholders to the table to discuss ATOD prevention.

Briefly describe the community, including demographic characteristics of residents and changes in community growth observed over time. It may also be useful to include the number of schools in the community, types of major employers, and other information that describes key aspects of the community.

II. Data collection methods

Describe the data collection methods used, including the names of instruments. Include the response rate for written surveys or number of key informants/focus group participants. Specify the language used by the respondents. Identify limitations of the data collection methods (e.g., surveys were not translated into other languages), when necessary.

III. Key findings

Report the most important information collected through the needs assessment, highlighting key findings and important trends to consider. When necessary, describe gaps in the data or limitations that the reader should consider when reviewing this information. Some of the key questions that may be answered in this section are listed below:

What is known about ATOD use in the community?

Using secondary and/or primary data sources, describe ATOD use in the community. When reporting the results, consider if there are specific populations (i.e., cultural groups, age groups) that are most impacted by ATOD use and changes in trends/patterns over time. Consider including regional- or state-level data to put local information into a larger context.

What factors encourage/discourage ATOD use in the community?

Describe the policy, social, and environmental factors that encourage or discourage ATOD use in the community. Possible areas of interest to include in this section of the report are listed below:

- Report the number of alcohol and tobacco vendors in the community, including the rate of failed alcohol/tobacco compliance checks
- Describe the policies that are in place (or are lacking in the community) to discourage underage tobacco/alcohol use (i.e., Social Host ordinance; alcohol sales at community events or fairs)
- Describe local enforcement activities (i.e., are fines a deterrent to underage alcohol sales?)
- Describe the availability of drugs in the community, as perceived by key stakeholders, including information about age of initiation or how drugs are often introduced to youth, if known
- Discuss concerns around social norms that may contribute to ATOD use

What are the perceptions of residents about ATOD use in the community?

After reporting existing data that clearly describe the rates of ATOD use and areas of community concern, include information about how residents perceive ATOD use in the community. Consider whether the perceptions of residents align with what is indicated by the data.

What other community strengths, gaps, assets, and/or weaknesses should be considered?

Describe current and past prevention activities in the community, the results of efforts to strengthen ordinances/enforcement activities, the prevention resources available in the community, and the results of past coalition efforts. If addressing underage use, describe the relationship between community-based organizations, law enforcement, and school personnel.

Is the community ready to make change?

Report the results from the community readiness assessment. Describe whether the coalition has appropriate multi-disciplinary representation and strong leadership and the readiness of community members to address ATOD use. Consider how well the areas of readiness align with the needs of the community identified when reviewing existing data sources.

IV. Synthesis

Provide a critical analysis of the data, highlighting the most important community needs and trends that should be considered by the coalition. Do not introduce new data in this section of the report, but guide the reader to help them understand how it all fits together. Describe common themes identified when multiple data collection sources were used and provide possible explanations for differences between data sources. It may also be helpful to identify areas where additional data collection may be needed to fully understand an issue. Questions to ask when writing this section are listed below:

- Based on the data, what ATOD concerns are of greatest importance to the community? (This could be described by identifying issues that have an impact on the largest number of residents or disproportional impacts on specific populations. Trend data may also indicate important increases in ATOD use or changes in risk behaviors.)
- How do the community's current policies, environmental attributes, and social norms encourage/hinder prevention efforts related to these key areas?
- What community strengths/assets can be used to address concerns in this area?
- What challenges or areas of weaknesses will need to be addressed?

V. Recommendations

The “Synthesis” section of the report points out areas of concern in the community, as well as resources and assets that can help the coalition address ATOD issues. The recommendations section should offer specific action steps or strategies the coalition can then use to address challenges or build on strengths. The type of recommendations will vary, depending on the needs of the coalition. For example, some coalitions may want very specific recommendations about the intervention models they should implement to address a community concerns, whereas others may want to select the appropriate approach. For coalitions who do not want recommendations that are too prescriptive, an appropriate recommendation may be, “Focus future coalition meetings on identifying evidence-based models that can be used to address binge drinking among college students.”

The recommendations section is also a place to suggest resources that may be helpful to the coalition as they work on ATOD prevention efforts in their community. For example, the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Prevention Platform includes an interactive tool where individuals can identify evidence-based practices that align with community needs and characteristics (<https://preventionplatform.samhsa.gov>).

ADDITIONAL RESOURCES ON COMMUNITY NEEDS ASSESSMENTS

Community Assessments: Using Data to Guide Program Selection and Implementation

This snapshot was prepared by Wilder Research to briefly describe the steps that are needed to plan for, and conduct, community assessments. Examples from local programs are used to illustrate how these steps can be put into action.

[http://www.wilder.org/reports/summary.0.html?&no_cache=1&tx_ttnews\[swords\]=ferris&tx_ttnews\[tt_news\]=2285&tx_ttnews\[backPid\]=311&cHash=655a467578](http://www.wilder.org/reports/summary.0.html?&no_cache=1&tx_ttnews[swords]=ferris&tx_ttnews[tt_news]=2285&tx_ttnews[backPid]=311&cHash=655a467578)

Community Tool Box: Assessing Community Needs and Resources

This online tool focuses on conducting community assessments for health promotion programs. The tool box includes a number of tips and resources that may be helpful in considering how to use the information gathered through the community needs assessment in strategic planning, as well as strategies to build community leadership and tips for implementation of a selected intervention model.

<http://ctb.ku.edu/en/LearnMore.aspx>

Substance Abuse and Mental Health Administration (SAMHSA) Prevention Platform

Users to this website must create an individual log-in and password to use all features of the site, but the site is free of charge. The website offers a step-by-step process that can be used to enter information about the community's needs and capacity and identify evidence-based practices that align with these needs.

<https://preventionplatform.samhsa.gov>

Safe and Healthy Minnesota Students Planning and Evaluation Toolkit

This evaluation toolkit, prepared by Wilder Research, serves as an easy-to-follow guide that can be used when conducting an evaluation. Topics in the toolkit include identifying the needs of local stakeholders, considering evaluation readiness, selecting the appropriate data collection approach, developing data collection tools, analyzing information, and using evaluation results. Chapter 3 offers an overview to conducting Needs Assessment that may be helpful to share with coalition members who may not be familiar with this approach.

http://education.state.mn.us/MDE/Learning_Support/Safe_and_Healthy_Learners/Health_Sch_Community/Alcohol_Tobacco_Other_Drugs_Violence/index.html



CHAPTER 4: COMMUNITY READINESS ASSESSMENTS

A community readiness framework

This section of the toolkit walks through issues to consider when planning a community readiness assessment, offers an assessment framework, and provides suggestions for interpreting and using readiness results.

Community readiness can be broadly defined as the capacity of a community to implement programs, policies, and other changes that are designed to reduce the likelihood of substance abuse. This broad definition can include a variety of specific issues. Similarly, there are a number of different readiness assessments available. These assessments vary in their readiness framework and in the aspects they measure. In a recent review of assessment materials prepared for the Kentucky SPF-SIG, the authors concluded “what emerged rather quickly [from our literature review] was that the models varied widely in their conceptualization of “readiness” and their approaches to assessment.”

One general framework that encompasses many of the core aspects of readiness is the “PREVENT” model promoted by the National Institute on Drug Abuse (NIDA).



Each of these dimensions is described in greater detail below.

Which questions should be answered in a community readiness assessment?

All readiness assessments should be developed to meet the needs of the community. The following framework consists of key questions that can be answered within each of the readiness domains. Suggestions for key measures and potential sources of data are also included in this framework.

Problem definition/agreement

Problem definition overlaps strongly with the framework of the needs assessment described earlier in this toolkit. Before a community readiness assessment can be conducted, it is important to determine that there is evidence of a substance abuse problem in the community and to understand the specific nature of this problem (i.e., extent of the problem, relevant risk factors, etc.).

Recognition of problem by the community

It is important to understand whether community members and prevention specialists recognize the community's substance use/abuse. Communities with broad awareness of ATOD concerns have a greater chance of programming success.

Sample questions

To what extent does the community believe there is a drug problem?

What are the perceptions of the drug problem? How accurate are they?

Has there been an event or incident that has aroused concern?

How do key leaders perceive the drug problem?

How are drugs portrayed by the local media?

Do media articles clearly indicate when drug or alcohol abuse has been involved in some piece of news?

How often do stories disclose the consequences of drug-abuse-related problem behaviors?

What types of drug abuse problems are currently reported?

What are perceptions of the causes of/possible solutions to the problem?

Data collection options

Key informant interviews with community members/leaders

Facilitated discussion

Focus groups

Surveys of community members

Analysis/review of media coverage

Existence of and access to resources

Communities need to have resources to support the design and implementation of prevention programs. These resources may include staff, volunteers, money, space, or program materials.

Sample questions	Data collection options
What human resources are available to staff a prevention project? Professional? Volunteer? Other? How much time can they commit?	Key informant interviews with community members/ leaders
What facilities and equipment are available to support the effort?	Facilitated discussion
What potential funding exists for the efforts?	Focus groups
What in-kind services are available?	Surveys of community members
Can funds be redirected from or combined with those of other programs to address the drug problems?	Asset mapping
Are prevention services providers, as well as volunteers, willing to commit additional time to the program effort if funds are limited?	

Vision and plan

Community readiness is enhanced when the community shares a vision for prevention programming. A shared community vision lays the groundwork for strategic planning and for more effective programs.

Sample questions	Data collection options
Is there a vision that embraces ATOD prevention? Who has the vision? How widely is the vision shared? Is the vision supported by data?	Key informant interviews with community members/leaders
How do members of the community perceive the vision? Will the community support the vision?	Facilitated discussion
Are there people with planning skills available? Do they have the time, talent, resources, or willingness to act to develop and implement the program?	Focus groups
Are community members (for example, parents and youth) willing to contribute to the planning process by participating in needs assessment activities and supporting the implementation of the plan?	Surveys of community members
Are there local evaluators who can be involved in the planning process to help design the plan and ensure that appropriate and measurable program objectives are identified?	Asset mapping
Are the approaches/methods implied by the vision logical? Are they consistent with research findings on effective strategies?	
Are the approaches suitable for the target population?	
Is there evidence that the risk and/or protective factors addressed by the proposed prevention approach match those in the target population?	

Energy to mobilize and sustain prevention activities

This component assesses the ability of the community to mobilize its members to begin prevention efforts as well as to maintain them over time. Considerations include the time, energy, benefits, and costs of participation.

Sample questions	Data collection options
Is the community motivated/committed to addressing the problem? Is there long-term commitment?	Key informant interviews with community members/leaders
Are primary stakeholders involved?	Facilitated discussion
What events have mobilized the community?	Focus groups
Are there leaders with energy, time, and talent? Are there community members with energy, time, and talent?	Surveys of community members
What barriers are there to participation (e.g., intimidation by drug dealers, denial of the problem, time commitment, cost, accessibility)?	
What benefits can be offered people for becoming involved (e.g., information sharing, increased networking and new friendships, personal recognition, increased knowledge and skills)? What do people want to get out of their involvement?	
Can prevention providers interested in participation have their job duties redefined to allow for greater participation?	
Is the effort likely to be sustained after the initial excitement dies down?	
Will resources be available over time or diminish radically when any major funding ends?	

Networking with and support of stakeholders

Readiness includes two major issues, a belief that improvement is possible and a willingness to act. It is important to mobilize community leaders, who will have a direct stake in the community, before attempting to mobilize the citizens.

Sample questions	Data collection options
What ad hoc neighborhood groups exist in the community that could become part of the effort?	Key informant interviews with community members/leaders
What other community organizations should/could be included?	Facilitated discussion
Does the effort have the blessing of key leaders?	Focus groups
Is the prevention effort likely to have support from leaders of other organizations?	Surveys of community members
Do leaders believe in prevention? Do they believe that improvement is possible?	Analysis/review of media coverage
Do the stakeholders believe that prevention works?	
What types of prevention approaches do they believe work or not work?	
Do the proposed prevention approaches match prevention providers' philosophy of prevention? Are local prevention providers likely to support one type of prevention approach over another?	

Talent, leadership structure, sense of community

Sense of community is a strong predictor of readiness, as people are more likely to participate in a prevention effort when they feel that they belong to the community, they share similar values with the community, feel they can influence the community, and share a connection with others. It is also important that leaders are willing and able to guide prevention efforts.

Sample questions	Data collection options
Are community members civic minded?	Key informant interviews with community members/ leaders
Are key leaders willing to act?	
Do leaders have the power and organizational capabilities needed?	Facilitated discussion
Can the leaders establish and maintain a prevention program?	Focus groups
How homogeneous is the community?	Surveys of community members
To what extent do community members share the same values?	Analysis/review of media coverage
Is there a strong sense of community, with members feeling they want to preserve or create a drug-free community?	
Does the community have any history of working together?	
How stable is the community? Are there long-term residents? Homeowners?	
What leadership exists in the community?	

Collecting the data

Once the coalition has determined what questions they want to ask the community, it is important to understand their data collection options. There are a number of existing community readiness tools and models that use several different data collection strategies. Please see the “Data Collection” section of the toolkit (Chapter 6) for tips and strategies to use when gathering qualitative and quantitative data.

These assessments address varying dimensions of readiness, and focus on gathering information from different types of stakeholders. As part of the development of this toolkit, available assessments were reviewed to determine their alignment with recommended elements of readiness, their psychometric properties (when available), their familiarity within the prevention community, and the likelihood that a community would be able to use them effectively to guide their work. Four established readiness assessments are highlighted later in this toolkit: the Minnesota Community Readiness Survey, the Tri-Ethnic Survey, One-on-Ones (originally from the CMCA model), and the Community Readiness Inventory.

Synthesizing the data

As is the case for a needs assessment, there can be challenges in summarizing the data that have been collected. The first step is to compile the information and identify key findings. The following questions can help a coalition begin to interpret the results from the community readiness assessment:

- What patterns and themes emerge in the results?
- Where does their community appear to be strong in terms of readiness? Are there opportunities to use these strengths to build a stronger support system for prevention?
- Are there areas in which the community is showing a lack of readiness for prevention? Are they aware of these weaknesses? Are they ready to work together to address them?
- Where is there the greatest momentum or opportunity for prevention work?
- Are there any findings that are surprising? If so, how do they explain these results?
- Do the results lead to additional questions about community readiness? Do they suggest that additional data may need to be collected? What is the stakeholder commitment to gather additional data?

Similar to synthesizing community needs data, it can be helpful to think strategically and systematically about the data in answering these questions. See the Needs Assessment chapter (Chapter 3) for more information about triangulating data, considering statistical significance and practical value, and developing recommendations.

When reviewing the results of a community readiness assessment, it can also be useful to work with community partners or coalition members to classify the community in terms of its overall level of readiness. Identifying the community's position on a continuum ranging from not at all ready to work on ATOD issues to the highest level of readiness can help in targeting the right strategies to promote readiness. Consider opportunities for engaging stakeholders as you review the findings of the assessment and determine where the community falls on this continuum.

Oetting and colleagues (1995) proposed a nine-stage model of readiness that has been promoted by organizations such as the National Institute of Drug Abuse (NIDA).

Nine stages of readiness

1. **Community tolerance/no knowledge:** substance abuse is generally not recognized by the community or leaders as a problem. “It’s just the way things are” is a common attitude. Community norms may encourage or tolerate the behavior in social context. Substance abuse may be attributed to certain age, sex, racial, or class groups.
2. **Denial:** There is some recognition by at least some members of the community that the behavior is a problem, but little or no recognition that it is a local problem. Attitudes may include “It’s not my problem” or “We can’t do anything about it.”
3. **Vague awareness:** There is a general feeling among some in the community that there is a local problem and that something ought to be done, but there is little motivation to do anything. Knowledge about the problem is limited. No identifiable leadership exists, or leadership is not encouraged.
4. **Preplanning:** There is clear recognition by many that there is a local problem and something needs to be done. There is general information about local problems and some discussion. There may be leaders and a committee to address the problem, but no real planning or clear idea of how to progress.
5. **Preparation:** The community has begun planning and is focused on practical details. There is general information about local problems and about the pros and cons of prevention programs, but this information may not be based on formally collected data. Leadership is active and energetic. Decisions are being made and resources (time, money, people, etc.) are being sought and allocated.
6. **Initiation:** Data are collected that justify a prevention program. Decisions may be based on stereotypes rather than data. Action has just begun. Staff is being trained. Leaders are enthusiastic as few problems or limitations have occurred.

7. **Institutionalization/stabilization:** Several planned efforts are underway and supported by community decision makers. Programs and activities are seen as stable, and staff is trained and experienced. Few see the need for change or expansion. Evaluation may be limited, although some data are routinely gathered.
8. **Confirmation/expansion:** Efforts and activities are in place and community members are participating. Programs have been evaluated and modified. Leaders support expanding funding and program scope. Data are regularly collected and used to drive planning.
9. **Professionalization:** The community has detailed, sophisticated knowledge of prevalence and risk and protective factors. Universal, selective, and indicated efforts are in place for a variety of focus populations. Staff is well trained and experienced. Effective evaluation is routine and used to modify activities. Community involvement is high.

Reporting the results

Some general tips for presenting needs assessment results were presented in the last chapter. These tips generally apply when reporting readiness data as well. What is most important is that the findings are shared with the community in a clear, concise, and unbiased way, so that they can use them to identify strategies for enhancing their readiness for ATOD prevention.

Using the results to build readiness

The National Institute on Drug Abuse recommends that communities use their assessment results to build their readiness. They propose that readiness is built in the following order:

- Increasing problem recognition, such as through public awareness campaigns
- Accessing community resources, such as raising financial support
- Developing a strategic plan
- Maintaining momentum
- Mobilizing the community
- Choosing an organizational structure

They also present a series of recommended steps for moving communities from a lower level of readiness to a higher one:

Stage 1: Community tolerance/no knowledge

- Small group and one-on-one discussions with community leaders to identify perceived benefits of substance abuse and how norms reinforce use
- Small group and one-on-one discussions with community leaders on the health, psychological, and social costs of substance abuse to change perceptions among those most likely to be part of the group that begins development of programs

Stage 2: Denial

- Educational outreach programs to community leaders and community groups interested in sponsoring local programs focusing on the health, psychological, and social costs of substance abuse
- Use of local incidents in one-on-one discussions and educational outreach programs that illustrate harmful consequences of substance abuse

Stage 3: Vague awareness

- Educational outreach programs on national and state prevalence rates of substance abuse and prevalence rates in communities with similar characteristics including use of local incidents that illustrate harmful consequences of substance abuse
- Local media campaigns that emphasize consequences of substance abuse

Stage 4: Preplanning

- Educational outreach programs to community leaders and sponsorship groups that communicate the prevalence rates and correlates or causes of substance abuse
- Educational outreach programs that introduce the concept of prevention and illustrate specific prevention programs adopted by communities with similar profiles
- Local media campaigns emphasizing the consequences of substance abuse and ways of reducing demand for illicit substances through prevention programming

Stage 5: Preparation

- Educational outreach programs open to the general public on specific types of prevention programs, their goals, and how they can be implemented
- Educational outreach programs for community leaders and local sponsorship groups on prevention programs, goals, staff requirements and other startup aspects of programming

- A local media campaign describing the benefits of prevention programs for reducing consequences of substance abuse

Stage 6: Initiation

- In-service educational training for program staff (paid and volunteer) on the consequences, correlates, and causes of substance abuse and the nature of the problem in the local community
- Publicity efforts associated with the kickoff of the program
- A special meeting with community leaders and local sponsorship groups to provide an update and review of initial program activities

Stage 7: Institutionalization/stabilization

- In-service educational programs on the evaluation process, new trends in substance abuse, and new initiatives in prevention programming, with trainers either brought in from the outside or with staff members sent to programs sponsored by professional societies
- Periodic review meetings and special recognition events for local supporters of the prevention program
- Local publicity efforts associated with review meetings and recognition events

Stage 8: Confirmation/expansion

- In-service educational programs on the evaluation process, new trends in substance abuse, and new initiatives in prevention programming, with trainers either brought in from the outside or with staff members sent to programs sponsored by professional societies
- Periodic review meetings and special recognition events for local supporters of the prevention program
- Presentation of results of research and evaluation activities of the prevention program to the public through local media and public meetings

Stage 9: Professionalization

- Continued in-service training of staff
- Continued assessment of new drug-related problems and reassessment of targeted groups within community
- Continued evaluation of program effort
- Continued update on program activities and results provided to community leaders and local sponsorship groups and periodic stories through local media and public meetings

Sample community readiness assessments

Over the years different organizations have developed tools to assess community readiness using a variety of approaches for data collection. Some assessments are specific to substance abuse prevention, while some address other community issues. All focus on slightly different dimensions to assess readiness. For this toolkit, four assessments are recommended. All of them have been used successfully to assess community readiness for ATOD prevention.

When planning a community readiness assessment, consider what resources a community/coalition has to use these tools to gather information from the community and stakeholders. A community readiness assessment could involve using one or multiple tools, or pieces of any of these assessments. If you are working with a community in which these assessments will not work, consult with your evaluation consultant.

The following chart provides a general overview of the four assessment models, including a description of their format, intended respondents, and dimensions included:

Assessment	Respondents	Description	Dimensions covered
Minnesota Community Readiness Survey	Community members	38 question self-administered survey administered by phone or mail (possibly email)	<ul style="list-style-type: none"> • Perception of ATOD problem • Permissiveness of attitudes • Support for ATOD policy and procedures • Adolescent access to alcohol and tobacco • Perception of community involvement
Tri-Ethnic	Four to six community members representative of the 12 sectors	<p>Key informant interviews</p> <p>Each interview needs to be scored by two people</p> <p>Responses and ratings place community in one of nine stages of readiness.</p>	<ul style="list-style-type: none"> • Community efforts • Community knowledge of efforts • Leadership • Community climate • Community knowledge of an issue • Resources related to an issue
One-on-ones (Originally from the CMCA model program through Youth Leadership Institute)	<p>Broad array of individuals representative of the community</p> <p>Once the coalition has identified initial informants, they should ask for suggestions of additional people to contact. Each coalition member should conduct enough one-on-ones to get a broad spectrum of the community represented. According to personal communication with</p>	<p>One-on-ones are not interviews. They are active personal conversations conducted by coalition members (or other like-minded individuals) that involve giving as well as gathering information. It is important that these be done one person at a time, and not with two or more people together.</p> <p>One-on-ones use an outline as</p>	<ul style="list-style-type: none"> • Respondents' concerns • Level of interest in and commitment to an issue • Resources the person has to offer • Perceived barriers to working on the issue in the community • Opportunities the respondent perceives for working on the issue now

Assessment	Respondents	Description	Dimensions covered
	CMCA staff, they recommend each community do at least 100 one-on-ones in order to get a good representation of the community.	a starting point but are encouraged to explore other responses.	
Community Readiness Inventory (National Institute for Drug Abuse)	Stakeholders (such as a coalition)	Questions for building dialogue and consensus among stakeholders – this is used as a guide for a facilitated group discussion that also involves assessing community data	<ul style="list-style-type: none"> • Problem definition • Recognition of the problem by community • Existence and access to resources • Vision and plan • Energy to mobilize and sustain prevention • Networking with support of stakeholders • Talent, leadership, and sense of community

As is the case for the different types of data collection strategies, no one assessment is the best choice for all circumstances. The following chart provides some general notes about each assessment, and the benefits of each. It also provides links to additional information and copies of the assessment. The following chapter of the toolkit will provide some recommendations to help you and the coalition/community select the right data collection approach and model.

Assessment	Benefits	Notes	Where to find the assessment
Minnesota Community Readiness Survey	<ul style="list-style-type: none"> • Collect consistent information from a broad group of respondents • ATOD specific • Public domain 	<ul style="list-style-type: none"> • Collects information from “average person” • Takes time and coordination to conduct a mailed survey • Involves analyzing quantitative data • Conducting a mailed survey can be resource intensive especially for stuffing and mailing letters, tracking the responses, and processing data. 	<p>This survey was developed for the Minnesota Department of Human Services. A formatted version of the survey is included in the toolkit. The survey, as well as an article explaining its development, can also be found on evaluATOD.</p> <p>http://www.evaluatod.org/resources.php</p>

Assessment	Benefits	Notes	Where to find the assessment
Tri-Ethnic	<ul style="list-style-type: none"> Created for ATOD prevention Widely used, theory driven Public domain 	<ul style="list-style-type: none"> Once the interview respondents are identified and scheduled, the interviews can be completed in a relatively short amount of time. Scoring may take time and be resource-intensive. 	Download step-by –step handbook from Tri-Ethnic Center for Prevention research at Colorado State University http://www.triethniccenter.colostate.edu/CRhandbookcopy.htm
One -on -ones (Originally from the CMCA model program through Youth Leadership Institute)	<ul style="list-style-type: none"> Collect in-depth information from a range of community members Data collection is shared by multiple volunteers 	<ul style="list-style-type: none"> Interviewer should be able to form opinions of the respondent in order to identify who will be an ally to the project. Takes time to organize volunteer interviewers and schedule appointments. Extensive documentation and processing of qualitative data can be resource intensive. 	Additional information about the assessment and training materials can be found at http://www.YLI.org . Click on the training link to learn more.
Community Readiness Inventory (National Institute for Drug Abuse)	<ul style="list-style-type: none"> Good for planning Integrates community data Can be done in one sitting if you can get everyone to the same table Comes from an organizational or systems perspective Provides suggestions for enhancing domains that receive lower scores Public Domain 	<ul style="list-style-type: none"> Requires group consensus Scoring is based on a checklist Coordinating a convening opportunity requires considering logistics such as child care, food, and transportation. Once logistics are completed, the actual data collection is a quick one-time event. 	This information can be found in Community Readiness for Drug Abuse Prevention: Issues, Tips and Tools (1997) National Institutes of Health (NIH Publication No. 97-4111). Excerpts, including the questions and scoring guide are available as a PDF on evaluATOD. http://www.evaluatod.org/resources.php

Costs

As coalitions embark on data collection activities it is important to draw up a project budget and consider all the costs involved. Items to consider in the budgeting process include printing, mailing, location rental (if needed for meetings), time and resources for processing data, and incentives (e.g., if food or gift cards are offered to focus group attendees or a coalition member buys coffee for a key informant). Coalitions should always consider options for in-kind donations especially for incentives, space, and printing.

ADDITIONAL RESOURCES ON COMMUNITY READINESS ASSESSMENTS

Community Readiness for Strategic Planning in Substance Abuse Prevention: Literature review, conceptual framework and proposed plan

This document was prepared as part of Kentucky's SPF SIG efforts. It provides an overview of various approaches to conducting readiness assessments, and the advantages and disadvantages of each approach.

[http://www.reachoflouisville.com/SIG/community%20readiness%20\(final\).pdf](http://www.reachoflouisville.com/SIG/community%20readiness%20(final).pdf)

SAMHSA/CSAP Readiness Platform

This site provides a link to an online survey that assesses a community's readiness in each of the five areas emphasized in the Strategic Prevention Framework. Survey results are used to create a "Readiness Roadmap," which offers recommendations for next steps based on the community's readiness.

https://preventionplatform.samhsa.gov/macro/csap_dss_files/tool_builder_redesign/build_page.cfm?sect_id=1&topic_id=88

Community readiness: A handbook for successful change

This handbook is developed by the Tri-Ethnic Center for Prevention Research. While it emphasizes the aspects of readiness found in their model, it does provide a useful overview of community readiness assessments.

<http://www.triethniccenter.colostate.edu/CRhandbook.shtml>

CHAPTER 5: COALITION ASSESSMENTS

Effective ATOD prevention in a community requires the involvement of many different stakeholders, as it is more work than one agency can typically do on its own. Therefore, in addition to conducting an assessment to identify the strengths, resources, and gaps within a community, it is often helpful to assess the strengths of the coalition itself and areas where improvement may be needed. Healthy coalitions are those that have a shared sense of purpose/mission; clear decision-making processes; effective leadership; appropriate representation of community stakeholders; and consistent communication.

Collaboration is difficult to achieve. Regardless of whether the collaborative is formed to respond to a crisis or opportunity, the work of the group to address these broad issues is often complicated and time-consuming. Although a number of stakeholders may be interested in working together to address a shared concern, many groups find it difficult to enter true collaborative partnerships where there are common goals, mutually-understood relationships, and sharing of decision-making authority, accountability, and resources.

Wilder Research, with funding from DHS-ADAD, has developed a Coalition Survey that can be used to assess the strengths and assets of the group, as well as areas where improvement is needed. The survey assesses the ‘health’ of the coalition across five areas:

- **Community Environment** – Is the community climate “right” for this coalition accomplishing its goals? Is there a need for ATOD prevention programs and services in the community?
- **Leadership** – Are coalition leaders supported by coalition members? Is there minimal turnover in leadership?
- **Administration** – Is there a clear process for making decisions? Are all coalition activities well-coordinated?
- **Membership** – Is there mutual respect among coalition members? Are coalition members committed to the work? Is there open communication among members?
- **Impact** – Has the coalition increased community awareness of ATOD problems, strengthened policies, or caused a shift in community attitudes around ATOD?

After administering the survey to all coalition members, average ratings can be compared across key indicators to identify strengths and areas of improvement. This self-assessment lends itself well to discussion among coalition members and the shared development of goals and strategies to address areas of improvement. The Coalition Survey and administration protocol can be found on the EvaluATOD website: http://www.evaluatod.org/r_atodtools.php.

ADDITIONAL RESOURCES ON COALITION ASSESSMENTS

Building Successful Coalitions to Address Underage Drinking: A step-by-step guide (2001)

This publication developed by the Robert Wood Johnson Foundation outlines a number of steps to consider when building a coalition. It also provides examples of accomplishments made by successful coalitions.

<http://www.rwjf.org/files/publications/other/BuildingSuccessfulCoalitions.pdf>

Collaboration: What makes it work (2001)

This Wilder Foundation publication (authored by Paul Mattessich, Marta Murray-Close, and Barb Monsey) includes a review of the research literature on factors influencing successful collaboration. It contains the Collaboration Factors Inventory – a self-guided assessment tool that potential or current collaborators can take to assess the presence of each of the twenty factors. (This can be purchased on Amazon.com or other on-line bookstores.)



CHAPTER 6: DATA COLLECTION APPROACHES

Overview of data collection strategies

Information about community needs and community resources can be collected using a wide array of strategies. Some information may be available through existing data, while the coalition/community may need to gather new information through strategies such as surveys or focus groups. It is important to remember that each data collection strategy has unique strengths and weaknesses; there is not one ideal strategy that works in all situations. The right strategy will be the one that yields the most useful information for the community, while reflecting the available resources and timeline for data collection.

The following chart highlights the relative advantages and disadvantages of some of the data collection strategies used most often in community needs and readiness assessments. This chart can help RPCs engage coalition members in identifying the most appropriate data collection methods for their needs. Throughout the chart, “you” refers to the individual doing the data collection.

Method	Advantages	Disadvantages
Interviews	<p>If done in person, you have a chance to establish rapport and help the respondent feel comfortable.</p> <p>If done in person, you can see and react as needed to a respondent's emotions and body language.</p> <p>There is often a high response rate.</p> <p>If relatively unstructured, interviews allow you to be flexible in deciding what questions to ask and how to ask them.</p> <p>You have the opportunity to explore topics in more depth than you can with a survey.</p> <p>If needed, you can explain or clarify questions, increasing the likelihood of useful responses.</p>	<p>Interviews can be expensive and time- consuming (especially if done in-person).</p> <p>Interviewers need to be highly trained to make sure that interviews are done well and feedback is recorded accurately.</p> <p>Respondents may change their answers to try to please the interviewer or to avoid embarrassment.</p> <p>If the interview is unstructured, you may ask inconsistent questions across respondents, making it difficult to summarize your results.</p> <p>You may end up with too much information, making it difficult to transcribe and summarize results.</p>
Surveys	<p>Surveys can be relatively easy and inexpensive to conduct.</p> <p>You can collect responses from more people than is possible with interviews.</p>	<p>Surveys are less successful with respondents with limited literacy or motivation to respond.</p> <p>Response rates are often low, requiring multiple attempts to obtain information.</p> <p>Surveys are less useful if seeking open-ended information (works better for structured, closed-ended questions).</p>

Method	Advantages	Disadvantages
Focus groups	<p>Focus groups have many of the same advantages as interviews, plus group interaction generates insights that would be unlikely to emerge with one individual.</p> <p>Focus groups can be an efficient way to collect data from multiple people in a defined, short amount of time.</p>	<p>You can usually only include a small number of respondents.</p> <p>Focus groups work best when they are facilitated by someone who has been trained to conduct groups. It is important that everyone at the focus group has a chance to speak and share their views. A skilled facilitator can help ensure that the conversation does not get dominated by one person.</p> <p>It may be difficult to transcribe and summarize results.</p> <p>Focus groups can require logistics costs and planning such as food, transportation, child care, and incentives.</p>
Facilitated discussion	<p>Facilitated discussions are similar to focus groups, but spend more time on consensus building. The group interaction generates insights that would be unlikely to emerge with one individual.</p> <p>Facilitated discussions can be an efficient way to collect data from multiple people in a defined, short amount of time.</p>	<p>You can usually only include a small number of respondents.</p> <p>Strong facilitation skills are needed.</p> <p>It may be difficult to transcribe and summarize results.</p> <p>Facilitated discussions can require logistics costs and planning such as food, transportation, child care, and incentives.</p>
Existing (secondary) data	<p>May provide good information about your community or target population.</p> <p>Can be less time consuming since you do not have to do the data collection.</p> <p>Can be very cost-effective because someone else has collected and processed the data.</p>	<p>May be difficult to access data.</p> <p>May need permission to get data, especially if it is confidential information.</p> <p>Can be time consuming to match up with participants.</p>
Asset mapping	<p>Provides a structured approach to identifying community assets and gaps.</p>	<p>May become time consuming, if scope is not adequately defined.</p> <p>Can be cost efficient if you have support of coalition members to collect information.</p>

Tips for collecting data

Regardless of the data collection approach selected, it is important that data collection be done carefully, to ensure that the information obtained is accurate and useful. This toolkit highlights some of the main tips for collecting information; additional resources are available through [evaluATOD](#) and other sites. If the coalition does not feel that they have the capacity to collect information using these strategies, they may want to partner with a research or evaluation consultant.

Interviews

Interviews are a good way to gather in-depth qualitative information from important stakeholders and key community representatives. This is an appropriate data collection approach to choose when there is a need to examine an issue in depth or the hope to identify potential solutions to a community problem. A semi-structured interview guide that lists key interview questions and additional probes that can be answered, depending on the initial responses provided, is often effective.

Privacy considerations

Before conducting an interview, it is essential to describe how the information will be used and whether their comments will be reported anonymously. Interviewees should always have the opportunity to ask additional questions about the purpose of the interview or reporting of information gathered. They should also be assured that their participation is voluntary and that they can choose not to respond to questions if they would be uncomfortable answering them. Although consent is typically implied when a person chooses to participate in the interview, informed consent from a legal guardian is needed if interviews will be conducted with minors. When reporting information from interviews, it may not be appropriate to include verbatim quotes if that makes it easy to identify the respondent.

TIPS

- **Ensure the ‘right’ people are being interviewed.** Key informant interviews are often time-consuming and conducted with a relatively small number of stakeholders or community representatives. Because few people are interviewed overall, selection of the key informants is critical. It is often helpful for coalition members to develop a list of potential stakeholders to interview. Informants can also be asked who they would recommend you also speak with.
- **Record the interview whenever possible.** It is often difficult to engage a stakeholder in a conversation while also trying to write notes. Recording the conversation allows you to pay complete attention to the person you are interviewing and allows you to ensure your interview notes are accurate.
- **Avoid asking leading questions or showing bias.** When developing the interview guide, develop questions that are open-ended and neutral. The response to the question, “What is the most important ATOD prevention issue in the community?” will likely be richer than if the respondent was simply asked, “Do you think underage drinking is a problem in the community?” Try to avoid demonstrating bias through changes in your body language and facial expressions, particularly when asking about sensitive subjects.

ADDITIONAL RESOURCES ON USING INTERVIEWS

EvaluatOD

www.evaluatod.org

There are a number of tip sheets and resources on EvaluatOD that can help you conduct interviews. We recommend the following tip sheets to learn more about conducting interviews and analyzing results:

Conducting interviews: Tips for conducting program evaluation (Wilder Research, 2007)

<http://www.evaluatod.org/resources.php?searchVar=Data+Collection>

Data collection guide (Wilder Research, 2009)

<http://www.evaluatod.org/resources.php?searchVar=Data+Collection>

Obtaining informed consent (Wilder Research, 2009)

<http://www.evaluatod.org/resources.php?searchVar=Data+Collection>

The Community Tool Box (University of Kansas)

http://ctb.ku.edu/en/tablecontents/sub_section_main_1047.aspx

See Chapter 3, Section 12 for information about when to conduct interviews, who to interview, and how to conduct interviews. The section offers some helpful tips about structuring appropriate questions.

Safe and Healthy Minnesota Students Planning and Evaluation Toolkit (MDE)

http://education.state.mn.us/MDE/Learning_Support/Safe_and_Healthy_Learners/Health_Sch_Community/Alcohol_Tobacco_Other_Drugs_Violence/index.html

See Chapters 9 (Data collection approaches), 11 (Writing and developing data collection tools), and 14 (Organizing and analyzing information) for relevant tips and tools.

The 2002 user-friendly handbook for program evaluation (National Science Foundation, 2002)

<http://www.nsf.gov/pubs/2002/nsf02057/start.htm>

See Chapter 3 for an overview of advantages and disadvantages for selecting different data collection approaches and data collection tips.

Surveys

Written or online surveys can help gather information from groups of people for whom there is accurate contact information or when there is a venue to easily distribute the instrument. Surveys are a good option when questions are well-defined and have a range of possible answers. Because they can be completed anonymously, they can be a good choice to use when collecting information about a sensitive topic. Surveys may not be the best choice if feedback is needed from people with limited literacy skills or young children, or there is a need for more in-depth qualitative information.

Privacy considerations

The purpose of the survey should be clearly stated on the written or online survey form so that the respondent can make an informed decision about whether to participate. Consent for participation is typically implied when an individual chooses to complete and submit the survey. However, when administering surveys to youth, it is often necessary to inform parents about the survey and gather consent. Unless the topic matter is particularly sensitive, it may be adequate to offer parents an opportunity to opt-out of their child taking the survey. To ensure anonymity, do not ask the respondent to write their name on the form. When reporting results, do not analyze the results based on groups that are so small that individual respondents may be identifiable. It may not be appropriate to include verbatim open-ended comments in the final report, if they could be used to determine the identity of the respondents.

TIPS

- **Consider using existing surveys.** There are many public domain survey tools that might be helpful to use to examine a particular topic, rather than developing your own. Existing surveys can also provide examples of ways to ask particular questions in a survey you develop.
- **Be mindful of the length and formatting of the survey.** Response rates are likely to be higher if the survey is brief (1-2 pages) and formatted in a way that is easy to follow. Although skip patterns can be used, they should be used minimally.
- **Ensure the response categories are clear and exclusive.** When writing a survey, make sure the response categories are clear. It is often helpful to ask others to review the survey to ensure there is not confusion about the terms used.
- **Avoid asking too many open-ended questions.** Although it may be helpful to include a few open-ended responses to questions, analyzing these results can be time-consuming if the survey is administered to a large group. Make sure the coalition/community has the time and resources needed to enter survey data into an electronic format and analyze the results.

- **Clearly understand the process of mailed surveys.** Conducting a mailed survey is often more complicated than doing a one-time mailing. While the coalition could mail surveys out and wait for responses to flow back, it is unlikely that the number of surveys returned will be adequate or reflect a cross-section of the community. Adding a few steps to the data collection protocol such as sending a preliminary postcard, followed by a hard copy of the survey with cover letter explaining the purpose of the study, a follow-up/reminder postcard, and a replacement hard copy survey with cover letter to non-respondents will increase the response rate and give the coalition more valuable data to use for prevention efforts.
- **Know how many people you should contact to get a representative sample.** There are tools called “sample calculators” that help you determine how many people you should contact based on the population of your community.

ADDITIONAL RESOURCES ON USING SURVEYS

EvaluATOD

www.evaluatod.org

There are a number of tip sheets and resources on EvaluATOD that can help you conduct surveys. We recommend the following tip sheets to learn more about conducting interviews and analyzing results:

Survey Says: The role of surveys in your evaluation (Wilder Research, 2007).

<http://www.evaluatod.org/resources.php?searchVar=Data+Collection>

Smart Measurement: Tools and tips for capturing results (Wilder Research, 2010)

<http://www.evaluatod.org/resources.php?searchVar=Data+Collection>

Safe and Healthy Minnesota Students Planning and Evaluation Toolkit (MDE)

http://education.state.mn.us/MDE/Learning_Support/Safe_and_Healthy_Learners/Health_Sch_Community/Alcohol_Tobacco_Other_Drugs_Violence/index.html

See Chapters 9 (Data collection approaches), 11 (Writing and developing data collection tools), and 14 (Organizing and analyzing information) for relevant tips and tools.

Sample size calculator

Creative Research Systems offers a free sample size calculator at

<http://www.surveysystem.com/sscalc.htm>

Focus groups

Similar to key informant interviews, focus groups are a good way to gather in-depth qualitative information from important stakeholders and key community representatives. The group format allows focus group participants to respond to the opinions of other participants, often resulting in a richer discussion. This is an appropriate data collection approach to choose when the community/ coalition needs to examine an issue in depth or hopes to identify potential solutions to a community problem.

Privacy considerations

Recruitment for focus groups may occur in a variety of ways, but it should always be clear to individuals that participation in any focus group discussion is voluntary and they can end their participation at any time. Consent for adult participation is typically implied when an individual chooses to attend the focus group. However, informed consent forms will usually need to be used to gather consent from the legal guardians of minors, if youth focus groups are being conducted. At the beginning of the focus group discussion, the purpose of the focus group must be clearly stated and all individuals should be told their participation is voluntary. It is also helpful to remind participants that they should be respectful to others in the group by not speaking about the discussion with others.

TIPS

- **Keep the length of the focus group to no more than 90 minutes.** Whenever possible, keep the length of the focus group to 60-90 minutes, as it is often difficult to keep all focus group participants engaged in longer discussions. To stay within the planned allotment of time, the coalition/community may need to limit the number of questions asked during the focus group or instruct the facilitator to move on to the next discussion topic after a certain period of time.
- **Be thoughtful when recruiting focus group participants.** Before recruiting for any focus group, have a clear definition of the target population the coalition/community hopes to hear from (e.g., students, parents, women, senior citizens, Spanish-speaking residents, etc.). Multiple focus groups are often needed to gather feedback from a wide range of respondents. Keep in mind that a number of factors can influence who attends a focus group, including the time and location of the discussion, availability of child care, and incentives offered. Often, there are some recruited individuals who are unable to attend the actual focus group. We suggest recruiting approximately 15 individuals to reach your target of 8-10 focus group participants.
- **Conduct the focus groups using a trained facilitator whenever possible.** Focus group facilitation requires more than simply asking questions and recording responses. A strong facilitator will create a comfortable atmosphere for open discussion, helping gather more in-depth information about a topic in an unbiased manner. It may be worth the investment to receive training or hire a trained focus group facilitator to help gather rich qualitative data. Even if the coalition has access to a strong facilitator, if he/ she is well-known in the community, the coalition may feel

it is necessary to bring in someone new to conduct a focus group with individuals to eliminate potential bias in how the participants respond to questions.

- **Accurate recording of focus group is critical.** Focus groups should be recorded, and it is helpful to have someone co-facilitate the group to take careful notes. It is very difficult to facilitate a focus group and take accurate notes.

ADDITIONAL RESOURCES ON USING FOCUS GROUPS

EvaluatedATOD

www.evaluatedatod.org

There are a number of tip sheets and resources on EvaluatedATOD that can help you conduct focus groups. We recommend the following tip sheets describing when to use focus groups and considerations when gathering informed consent.

Data collection guide (Wilder Research, 2009)

<http://www.evaluatedatod.org/resources.php?searchVar=Data+Collection>

Obtaining informed consent (Wilder Research, 2009)

<http://www.evaluatedatod.org/resources.php?searchVar=Data+Collection>

The Community Tool Box (University of Kansas)

http://ctb.ku.edu/en/tablecontents/section_1018.aspx

See Chapter 3, Section 6 for information about when to choose focus groups over other data collection methods and tips on conducting focus groups.

Safe and Healthy Minnesota Students Planning and Evaluation Toolkit (MDE)

http://education.state.mn.us/MDE/Learning_Support/Safe_and_Healthy_Learners/Health_Sch_Community/Alcohol_Tobacco_Other_Drugs_Violence/index.html

See Chapters 9 (Data collection approaches), 11 (Writing and developing data collection tools), and 14 (Organizing and analyzing information) for relevant tips and tools.

The 2002 user-friendly handbook for program evaluation (National Science Foundation)

<http://www.nsf.gov/pubs/2002/nsf02057/start.htm>

See Chapter 3 for an overview of advantages and disadvantages for selecting different data collection approaches and data collection tips.

Facilitated discussion

Cindy Tri, Region 6 RPC, has developed an approach to gather feedback from coalition members to assess community readiness. This facilitated discussion option is appropriate to use when a productive conversation around readiness can occur among coalition representatives, when the time and costs associated with individual interviews are too expensive, and when additional discussion would be helpful in reaching stakeholder consensus. A set of resources and protocols may be added to a future version of this toolkit.

Existing (secondary) data

Secondary data sources include all types of quantitative data that have already been compiled. Examples of secondary data sources include surveys (e.g., Minnesota Student Survey) and information from local law enforcement (e.g., DWI arrest data). Secondary data can be used to report the prevalence of an issue in a community or trends over time. In a community needs assessment, secondary data can help you describe what is known about ATOD use in the community and report the demographic characteristics of community residents.

Privacy considerations

Secondary data should be reported in aggregate, using groups large enough to ensure the identity of individuals cannot be determined. If you are working with data sets that contain Protected Health Information (PHI) or other identifiable data, you will need to ensure the appropriate data sharing agreements are in place. When working with secondary data sets, assign random identification numbers to cases whenever possible.

TIPS

- **Have a clear understanding of how the data were collected and reported.** Local data sources can also be incredibly helpful in describing ATOD needs in the community. While there are many good sources of secondary data, it is important to understand the limitations of the data the coalition/community is planning to include in the assessment. For example, the perspectives of new immigrant and refugee residents may be under-represented in a resident survey conducted only in English. This is especially important when considering trend data. Inconsistencies in the survey sample or data collection methodology can result in changes in trend lines that can easily be misinterpreted.
- **Avoid 'fishing' for data.** With large sets of data, it can be tempting to explore different variables and seek out trends that show significant changes over time. When analyzing data, focus on the key questions you are attempting to answer rather than scouring the data set for changes that may be statistically significant.

- **Consider both statistical and practical significance.** When reviewing analyzed secondary data, take time to consider the implications of your results. There may be situations where, although trend data demonstrate significant reductions of ATOD use in your community, the rates of ATOD use continue to cause concern. In contrast, a situation could arise where there appears to be promising reductions in alcohol use among teens enrolled in a prevention program, but the group of participants is so small that the results are not statistically significant. In this case, the coalition may be interested in expanding the use of this promising program, even if it hasn't yet demonstrated statistically significant results. Include all relevant data when you report results to the community, not only trends that demonstrate significant changes over time.

ADDITIONAL RESOURCES ON USING EXISTING (SECONDARY) DATA

EvaluATOD

www.evaluatod.org

There are a number of tip sheets and resources on EvaluATOD that can help you review how to use secondary data. We recommend the following tip sheets, PowerPoint presentations, and Webinars to learn more about how to analyze and report secondary data:

Making Sense of your Data (Wilder Research, 2010, PowerPoint and Tipsheet)

<http://www.evaluatod.org/resources.php?searchVar=Reporting+Results>

Analyzing and interpreting data (Wilder Research, 2009, Tipsheet)

<http://www.evaluatod.org/resources.php?searchVar=Data+Analysis>

Data entry and analysis guide (Wilder Research 2009, Tipsheet)

<http://www.evaluatod.org/resources.php?searchVar=Data+Analysis>

Webinar 11: Looking at Data over Time (Wilder Research, October 2010)

Provides instructions and examples of ways to analyze and report trend data

<http://www.evaluatod.org/resources.php?searchVar=Webinar>

Webinar 12: New Trends in Substance Use (Wilder Research, December 2010)

Reviews emerging ATOD trends and issues to consider when identifying new and emerging trends.

<http://www.evaluatod.org/resources.php?searchVar=Webinar>

Substance Use in Minnesota: A Minnesota State Epidemiological Profile

www.sumn.org

This website provides useful and accurate information about each source of secondary data. We also suggest reviewing the tip sheets in the “How to Use this Site” section of the website for information about data analysis and interpretation of results.

Asset mapping

Asset mapping is used to identify community resources, assets, and gaps. This approach helps provide a comprehensive understanding of the programs, agencies, and departments that may work in the area of ATOD prevention. In order to map community assets, you need to: 1) inventory all the good things about your community, especially those resources that will benefit your prevention efforts including individual assets, informal and formal organizations, and the existing physical environment such as buildings and programming space; and 2) prioritize the most valued aspects of your community. This process should also be used to identify the gaps in the community, such as missing services or resources, groups that are not engaged in the community or in prevention activities and places that attract illegal activities. This process will give you information to create a map of community resources, assets and gaps. This visual can be used to help develop strategies to build on the assets in order to sustain and enhance ATOD prevention efforts.

Privacy considerations

This data collection approach focuses on gathering information about the resources in the community, including assets of individual residents. While privacy considerations do not apply when talking about community resources, you want to be cautious about publicizing an individual's assets if they are not comfortable with sharing. As you collect information about individuals, ask their permission to publicize the information.

TIPS

- Clearly define your community. Think about how broad you want your community to be. Define whether your community is an entire county, city, school district, or college campus area. This will help you focus your data collection efforts.
- Remember to include formal and informal assets. While your community may have some excellent well-publicized resources to help your ATOD prevention efforts, there might also be informal resources that can also be beneficial. Reach out to your networks and coalition members to help identify these informal resources.
- Map your assets. Once you have identified your community assets, take the time to plot them on a map. This can be as simple as placing colored stickpins or dots on an existing map, or you can map it using GIS (Geographic Information Systems) software. Either way, this provides a visual way for you to see community assets.

ADDITIONAL RESOURCES ON ASSET MAPPING

Michigan State University

The following are links to “Best Practice Briefs” focusing on Community Mapping.

<http://outreach.msu.edu/bpbriefts/issues/brief3.pdf>

<http://outreach.msu.edu/bpbriefts/issues/brief4.pdf>

University of Missouri Extension Services

This handout provides an overview of asset mapping for community planning

<http://extension.missouri.edu/about/fy00-03/assetmapping.htm>

Missouri Institute of Mental Health, University of Missouri School of Medicine

Introduction to Community *Asset Mapping* - Community Toolbox. This power point provides an overview of community assets and how they can be mapped to help with prevention issues. http://ctb.ku.edu/TempDocuments/en/homan_asset_mapping_000.ppt

Asset Based Community Development Institute

This organization works to help communities build capacity through community mapping.

<http://www.abcdinstitute.org/resources/>

<http://www.abcdinstitute.org/publications/>



CHAPTER 7: CHOOSING THE RIGHT APPROACH

This toolkit has presented a number of different options for assessing a community's needs and readiness. Unfortunately, there is no “one size fits all” approach. Instead, community assessments can be done well using a variety of different tools and data collection strategies. The following flow chart is intended to provide some guidance about selecting the right approach. The premise is that it usually makes sense to start your assessment with those stakeholders or coalition members who are most involved with ATOD prevention efforts, and to then broaden the scope of your assessment to include a wider set of perspectives and opinions.

It is not necessarily the case that every assessment needs to include all possible stakeholder groups, that is, one does not need to work all the way through the flow chart to have a complete assessment. What is most important is that you: (1) clearly understand and define the scope and goals of the assessment (see chapter 2); (2) gather the right information to answer your key questions; and (3) work within your available resources and time frame.

The flow chart is meant to be a tool for getting started, but ultimately the coalition/community will need to rely on their judgment about how to proceed based on their knowledge of the community and its needs. As they use the flowchart, keep in mind that when they answer “Yes” to any item on the left side of the page, they should take time to review the information that has already been collected by the community, and consider whether it seems current, accurate, and comprehensive. They may find that additional information would help supplement existing data sources or assessment results.

Community readiness assessments – figuring out where to start

