

COMMUNITY READINESS FOR STRATEGIC PLANNING IN SUBSTANCE ABUSE PREVENTION:

LITERATURE REVIEW, CONCEPTUAL FRAMEWORK, AND PROPOSED PLAN



Submitted to:
Statewide Epidemiology Workgroup
Substance Abuse Prevention Program,
Kentucky Department of Public Health

Benjamin Birkby, Psy.D.
REACH of Louisville, Inc.
501 Park Avenue
Louisville, KY 40208



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1. CONTEXT: THE STRATEGIC PREVENTION FRAMEWORK (SPF) STATE INCENTIVE GRANT (SIG) AND COMMUNITY READINESS

Background

In October of 2004, the KY Department for Public Health was awarded a five year, 11.5 million dollar Strategic Prevention Framework (SPF) State Incentive Grant (SIG) from the Center for Substance Prevention (CSAP). The Strategic Prevention Framework is a five-step process designed to increase the effectiveness of substance abuse prevention on both the state and local level through collaborative interagency planning. To this end, Kentucky's initiative will bring together 6 Key Partner Agencies (the Department for Public Health, the Department of Education, the Department for Juvenile Justice, the Department for Mental Health and Mental Retardation Services, the Department of Family Resources and Youth Services and the Governor's Highway Traffic Safety Initiative) to draft a statewide strategic plan and to work through their local agencies in targeted communities to implement research-based prevention programs and strategies. See the appendices for a graphical representation of the five-step Strategic Prevention Framework.

Goals of the Strategic Prevention Framework (SPF)

The SPF SIG has several long-term goals, including:

1. Prevent the onset and reduce the progression of substance abuse, including underage drinking.
2. Reduce substance abuse-related problems in communities.
3. Build prevention capacity and infrastructure at the state and community levels.
4. More specific state and community outcome goals will be dictated by the comprehensive and integrative needs assessment to be conducted in the first year of the project.

Key Strategic Prevention Framework Activities

A number of carefully designed and coordinated activities are contemplated for this multi-year initiative. These include:

- implementation of a statewide needs assessment, combining quantitative and qualitative methods to obtain estimates of needs and resources at community and state levels;
- assessment of community readiness to implement the SPF
- development of a comprehensive community assets and resources map using geographic information system (GIS) technology, which can serve as the basis for integrated planning, training, resource and cost sharing, and resource allocation;
- extensive use of GIS for spatial epidemiology and scientific visualization of needs and resource data, thereby integrating a wide range of archival and needs assessment information;
- establishment of a functional data warehouse enabling program planners at all levels and across all human service organizations to have useful information available;
- expansion of the role of Kentucky's existing Epidemiology Workgroup to provide scientific expertise in the evaluation and synthesis of needs and resource data;
- establishment of a statewide, interagency strategic planning group empowered to make determinations about priority needs, targets for intervention (including community-level participation), training, and resource allocation;
- establishment of a SIG advisory group comprised of experts and community members, to provide guidance and support in on-going system development;
- development of a system of training for preventionists to assure competence in skills related to implementation of the Strategic Prevention Framework;
- engagement of targeted communities with in-depth planning, incorporating the close collaboration of all elements of the human service system; and,
- implementation of an integrated system of evidence-based prevention strategies in targeted communities, with continuous refinement and outcome measurement.

Kentucky and the Importance of Community Readiness

Through implementation of the Strategic Prevention Framework (SPF), Kentucky will build a data-driven, comprehensive, interagency prevention service system that can be demonstrated to reduce substance abuse and its related problems and costs. As stated earlier, one of the first activities of the initiative will be to conduct a wide-ranging state- and county-wide needs assessment, *including the assessment of community readiness to implement the strategic prevention framework.*

For purposes of KY's SPF SIG **community readiness is defined as the extent to which a community is adequately prepared to implement a strategic planning effort that achieves long-term results that benefit a target community.** A community's readiness to undertake such an effort significantly impacts the effectiveness and overall continuity

of the effort. Assessing a community's readiness is vital in determining if a community is likely to have a reasonable chance of success, and therefore is critical in the early planning and decision-making processes (including site selection and resource allocation) of a comprehensive change effort. In addition, community readiness is often considered to be a pre-requisite for sustainability (discussed later).

In an effort to inform Kentucky's SPF Project in creating a community readiness assessment protocol, a comprehensive literature review was conducted and is described in the next section.



2. RESEARCHING COMMUNITY READINESS

Literature Review

Beginning in January 2005 REACH of Louisville conducted a comprehensive review of community readiness models. The task was to ascertain the basic conceptual foundation, practical utility and empirical support for each model in order to inform Kentucky's SPF Project in creating a community readiness assessment protocol.

Several models of community readiness assessment were identified through literature review, internet searches and personal communications with professionals in the field. What emerged rather quickly was that the models varied widely in their conceptualization of "readiness" and their approaches to assessment. For instance, some models focused more heavily on the psychological aspects (e.g. concerns, norms) of readiness while others focused on the organizational or systems aspects (e.g. resources, leadership), and still others represented a combination. Some models came from the substance abuse prevention field and some didn't. Several approaches to assessing community readiness were also apparent (e.g. key informant interviews, mail survey of residents' attitudes and norms, researcher ratings). No model emerged as an obvious "best fit" for Kentucky's SPF SIG project as each had several possible advantages and drawbacks.

Thus, information was gathered on several domains for each model and organized into a one-page graphic (see appendices) to facilitate comparative analysis. These domains included: definition of readiness, dimensions of readiness assessed, general approach to assessment, scoring/results, and availability. Empirical support and possible advantages/disadvantages for each model were also reviewed and are summarized in a separate one-page graphic also included in the appendices.

Brief Overview of Community Readiness Models

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

Probably the most widely-recognized model of community readiness comes from the Tri-Ethnic Center. Their work in assessing community readiness for prevention is a theory-

driven, community-directed approach that is based on the literature traditions of psychological readiness (e.g. individual-level motivation for change) and community development (e.g. social action, innovation decision-making). While originally developed specifically for alcohol and drug use prevention, the model in its current form is generic in that it purports to be applicable to other community-based prevention issues (e.g. crime, AIDS). The model identifies six dimensions of community readiness: community efforts, community knowledge of the efforts, leadership, community climate, community knowledge about the issue, and resources related to the issue. In addition, the model spells out nine sequential stages of community readiness. A step-by-step handbook is available that outlines the process for conducting a community readiness assessment. Key informants are identified and interviewed, the interviews are scored using anchored rating scales, consensus is reached by at least two scorers, and then final scores are reached, with a community being placed into one of the nine sequential stages of community readiness. Appropriate strategies for increasing community readiness are also provided for each stage of readiness. While qualitatively-oriented case studies and information regarding the development of the survey are published, no data are available regarding the psychometric properties of the survey.

Community Readiness Survey
Minnesota Institute of Public Health (MIPH)
Mounds View, Minnesota

Developed by the Minnesota Department of Human Services in partnership with Search Institute, this 52-item mail survey measures adult community residents' attitudes and norms about substance abuse and their potential receptivity towards prevention efforts in five broad domains. These are: perception of an ATOD problem within the community, permissiveness of attitudes toward ATOD use, support for ATOD policy and prevention, adolescent access to alcohol and tobacco, and perception of community commitment. This survey specifically assesses the perspective of the "average person on the street" and is viewed as one "leg" in a "three-legged stool" of community assessment. The other two legs are knowledge of actual substance abuse rates in the community and knowledge of the local prevention infrastructure environment. A random sample of residents is generated and pre-notification alerts are sent to community members before the survey is mailed. The developers report a 30-40% return rate. The survey is copyrighted and MIPH will contract with communities (for a moderate fee) to coordinate, collect, analyze and report the data that is collected from the survey. A final report, including a community profile, is provided to the community at the end of the process (approximately 6 months from start to finish). The development and initial validation (including psychometric properties) of the survey instrument is reported in the February 2001 edition of *Evaluation Review* (see references).

Community Key Leader Survey
Goodman & Wandersman
University of South Carolina

This survey was developed by Abraham Wandersman and Robert Goodman at the University of South Carolina. This 48-item survey utilizes a key informant approach in which community “leaders” respond to questions about ATOD use in their community on three domains: awareness, concern and action across the community. Respondents are asked to reply from a personal perspective and from the perspective of their respective organization(s). The developers did not create a scoring mechanism for the survey and no profile is generated. Rather, the developers recommend that communities simply average the responses for each item and then interpret the results in the context of their own community. No data are available regarding the development (including psychometric properties) of the survey.

Community Readiness Assessment
Perinatal Periods of Risk (PPOR)

Perinatal Periods of Risk (PPOR) is a joint initiative of CityMatCH at the University of Nebraska Medical Center, the Centers for Disease Control and Prevention, the National March of Dimes Birth Defects Foundations and the Maternal and Child Health Bureau of the Health Resources and Services Administration. The overall purpose of PPOR is to monitor and investigate fetal-infant mortality and provide a framework that can be used by communities to mobilize and prioritize prevention efforts in this regard. Although not immediately apparent, the PPOR model includes a community readiness component that could be adapted for use in substance abuse prevention efforts. Their framework for assessing community readiness is based on the assumption that change is an inherent part of the PPOR approach. They identify five components of community readiness that are essential for community change to occur. These include: reasoning, roles, resources, risks/rewards and results. A series of questions is provided for each component to stimulate dialogue among stakeholders, who then reach consensus on a score for each readiness element. These scores are plotted on a “tent” diagram, the dots are connected between the axes to form the roof of the tent, and then patterns are identified and meaning derived. The PPOR approach also includes a separate “analytic readiness” assessment, which provides a general framework for understanding “quality” data, ensuring staff to analyze and manage the data, and ensuring leadership and support to garner access to data. No data are available regarding the development (including psychometric properties) of the approach.

Community Readiness Inventory
National Institute on Drug Abuse (NIDA)

The NIDA identified seven factors that they found to be associated with community readiness and are based upon literature from the health promotion, crime and delinquency prevention, and community development fields. The intent was to provide an approach

to assessing community readiness that complemented other approaches (e.g. Tri-Ethnic) and came at the issue from an organizational or systems perspective, rather than from the traditional focus on psychological readiness (e.g. concern, norms). The seven factors are: problem definition; recognition of problem by community; existence of and access to resources; vision and plan; energy to mobilize and sustain prevention activities; networking with and support of stakeholders; and talent, leadership structure, sense of community. Together, the seven factors form the acronym PREVENT. There is no implication that these factors represent a linear progression that a community progresses through. Rather, they are simply factors that have been associated with successful prevention programs, and hence have implications for community readiness as well. A series of questions is provided for each factor to stimulate dialogue among stakeholders, who then review relevant data sources and assess the strength of each factor for a given community in a checklist fashion (low, medium or high rating is given). If any of the factors are deemed to be deficient specific steps are available to guide community leaders in how to enhance them. There are no data available regarding the psychometric properties of the inventory.

Organizational Readiness for Change (ORC) Assessment
Lehman, Greener, & Simpson
Texas Christian University

An instrument designed to assess organizational functioning and readiness for change (ORC) was developed by the authors based on their prior work with technology transfer of evidence-based substance abuse treatment interventions to everyday counseling practices. The instrument measures four broad dimensions of organizational readiness: motivation, personality attributes of program leaders and staff, institutional resources and organizational climate. The present version of the instrument has 115 Likert-type items that span 18 different content domains (subsumed under the 4 broad dimensions). Two versions are available; one for leaders and one for staff. Scores for each scale are computed such that they yield of final score ranging from 10 to 50. Although originally developed for use with substance abuse treatment agencies (e.g. with one or more treatment units) the instrument could be adapted for use with community-based projects. Similarly, while the instrument does not measure community readiness per se, the assessment of organizational readiness for change is salient for the SPF SIG process since “finalist communities” will be expected to commit to an extended strategic planning process which entails the adoption of evidence-based prevention programming. An article describing the need, reasoning, development and initial validation (including psychometric properties) of the instrument is available in the February 2002 edition of the *Journal of Substance Abuse Treatment* (see reference list).

Key Leader Interviews (community readiness component)
Communities that Care Initiative
Feinberg, Greenberg, & Osgood
Pennsylvania State University

The developers created two in-depth interviews as part of their implementation evaluation of the Communities that Care (CTC) project in Pennsylvania, a community empowerment initiative targeted towards adolescent behavior problems (including substance use), school drop out, violence, and teen pregnancy. Although the interviews were developed by the project they were based largely on similar instruments developed by the Social Development Research Group (SDRG) at the University of Washington (Hawkins, Catalano, and Arthur). One questionnaire was designed for program directors and the other was designed for key leaders. The interviews included a “readiness” domain, with the following scales: leader readiness, community readiness, perceived community risk, strength of community ties, and attitudes towards diversity. The interviews also contained several other domains that might prove useful, including: attitudes and knowledge, external linkages, internal board functioning and perceived effectiveness. While the original purpose of the interviews was to assess implementation of the CTC project after start-up, they could be adapted and used as one component of a readiness assessment for site selection purposes (e.g. SPF SIG). The development and initial validation of the instruments are reported in a 2002 edition of *Evaluation and Program Planning* and the June Edition of the *American Journal of Community Psychology* (see references).



3. COMMUNITY READINESS AND SUSTAINABILITY

Community readiness and sustainability are two overlapping concepts of importance in strategic planning. However, essential conceptual and chronological differences are necessary to consider when entering into a course of action, and especially within the context of Kentucky’s SPF SIG.

Sustainability

For purposes of KY’s SPF SIG **sustainability is defined as the process of ensuring the continuance of a strategic planning prevention effort that achieves long-term substance abuse prevention results for a target community.**¹ Other terms for sustainability are institutionalization, maintenance, capacity-building or confirmation (among others). The specific process to be sustained is the implementation of the strategic prevention framework.

- ❖ More than just “looking for funding,” sustainability has two primary goals. One is to build, support and strengthen the prevention infrastructure. The second is to continue to provide effective prevention programs and strategies. Thus, one is the “behind the scenes” effort and one is the “visible” effort where direct contact with the public takes place. Both are required for sustainability to occur.
- ❖ The importance of sustainability becomes clear when one realizes that many comprehensive prevention efforts involve considerable start-up costs and resources. Sometimes funding ends or is withdrawn before successful outcomes are realized, thus wasting valuable resources. Other times, prevention efforts begin energetically only to fizzle out later because enough attention wasn’t paid to “what happens at the end of the effort.” Ending a program that achieved positive outcomes is counterproductive if the original problems still exist.
- ❖ Sustainability planning helps to achieve long-term goals by continually and reflectively preparing for continuance.
- ❖ Sustainability presumes community readiness. In fact, efforts to sustain a prevention effort are likely to fail without sufficient community readiness.

¹ Based on Southeast CAPT’s definition of sustainability

Conceptual and chronological differences

Conceptually, community readiness and sustainability inform fundamentally different decisions at different points in time. Readiness data help inform decisions about preparation. “Is a community adequately prepared to begin a strategic planning effort?” Sustainability data help inform decisions about preservation. “What do we need to do to keep the strategic planning effort going?”

- ❖ Readiness aids site selection and resource allocation, while sustainability aids protection and maintenance of the site (e.g. efforts, resources).
- ❖ Chronologically, readiness and sustainability fall at different points on the developmental timeline of an innovation. First it needs to be determined if a community is likely to succeed in developing and creating an effective prevention innovation. Then, in designing the innovation an intentional plan for the successful continuance of the program should be developed.
- ❖ Readiness helps to determine who and what should be developed while sustainability helps to determine how it will be continued.
- ❖ In some respects, sustainability could be viewed as preserving a community’s readiness.

Overlap

There is overlap between community readiness and sustainability. For instance, both readiness and sustainability are perceived as ongoing processes (rather than results or outcomes).

- ❖ They are both “fragile” constructs. Economic (e.g. budget cuts), political (e.g. administration change), demographic (e.g. itinerant populations), interpersonal (e.g. infighting) or other factors can quickly enhance or destroy a community’s readiness or sustainability despite a sound program theory or good intentions.
- ❖ Community readiness and sustainability both require continual attention and planning to promote advancement and prevent inaction, inattention or damage.
- ❖ Effective leadership and strong champions are vital to both community readiness and sustainability. When considering a community for a new system innovation (like the SPF) it is important to assess the leadership atmosphere at the local level. Is there local leadership and expertise to carry out the project? Are there persons of influence willing to advocate for and promote the innovation over time? Once a systems innovation is underway, leadership then becomes critical in developing action plans to strengthen and sustain the innovation, while champions provide ongoing influence and cultivation of “good will” for the project.



4. KENTUCKY'S APPROACH TO ASSESSING COMMUNITY READINESS AND PLANNING FOR SUSTAINABILITY

Before describing Kentucky's approach to assessing community readiness and planning for sustainability, there are two important implications for Kentucky's SPF SIG regarding these concepts.

- ❖ Community readiness bears special importance because of the funding allocation process. During the Year 1 needs assessment a subset of targeted communities will be identified for possible SPF SIG funding. From that point, community readiness will be a critical component for informed site selection.
- ❖ Sustainability planning will become critical when the selection of final awardees is made for each priority area. It is at this point that strategic planning will actually begin, and we will have a better idea of what it is we want to sustain in each community.

Kentucky's Community Readiness Plan

Data will be derived in a streamlined fashion, will be guided by theoretical considerations from the research, and will use existing data sources when possible.

1. Existing data prepared by DSA and RPC staff on county-level readiness will be organized, analyzed, summarized and portrayed geographically. This data will aid in decision-making by providing information about a county's prior prevention efforts, relationship with the RPC and community leaders, quality of effective interagency collaboration, and history of evidence-based practice.
2. Data from community resource mapping will be used in conjunction with the data described above. Information gathered will include overall scope of services available; prevention funding streams; coverage and availability of community programs; and overlap or duplication of services noted.
3. Site visits will be conducted with each finalist community to assess for (a) overall knowledge and commitment to the Strategic Prevention Framework (b) desire to

engage in structured, long-term prevention planning with an evidence-based focus, and (c) estimated time needed for capacity-building prior to implementation. Site visits will be conducted by a “team” of two individuals, using an adapted version of the NIDA Community Readiness Inventory as a tool for gathering and organizing information on seven factors of community readiness.

4. Once finalist communities are identified, they can conduct community norms surveys (if not already done) as a preparatory task in strategic plan development. This will allow for a compilation of residents’ beliefs and norms about ATOD and prevention, and serve as a catalyst for local capacity-building.

Sustainability plan

Once finalist communities are selected they will then become actively engaged in strategic plan development. It is at this point that each community can begin sustainability planning in earnest. A tool being considered for use in this process is the Finance Project’s Sustainability Planning Workbook. The workbook serves as a step-by-step manual for planning and thinking about sustainability. Eight key elements of sustainability are emphasized and comprise the underlying framework for the workbook. These eight elements are vision, results orientation, strategic financing orientation, broad-based community support, key champions, adaptability to changing conditions, strong internal systems, and a sustainability plan.

The workbook includes five sequential modules for developing a comprehensive written sustainability plan. The modules are:

1. Building a sustainable initiative
2. Developing a vision and results orientation
3. Creating a strategic financing plan
4. Building organizational capacity and community support
5. Developing and writing the plan

The workbook outlines a general model that could be adapted for Kentucky’s SPF SIG and facilitated in several ways. Worksheets and documents associated with the workbook are included in a CD. They can be adapted as well.

Conclusion

In an in-depth review of the literature on community readiness, it was determined that no existing model (standing alone) provided sufficient coverage to warrant wholesale adoption for use in Kentucky’s SPF SIG project. Instead, a unique approach will be developed that is informed by the research findings, yet capitalizes on some unique data obtainable from Kentucky’s prevention system. The very availability of this data speaks

to the state's readiness for SPF implementation; and utilization of this data will help to sustain the infrastructure that produces it. In this way, Kentucky's approach to community readiness provides an example of the application of SPF principles to this particular aspect of the project.



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APPENDICES

APPENDIX A (GRAPHICAL REPRESENTATION OF SPF SIG)

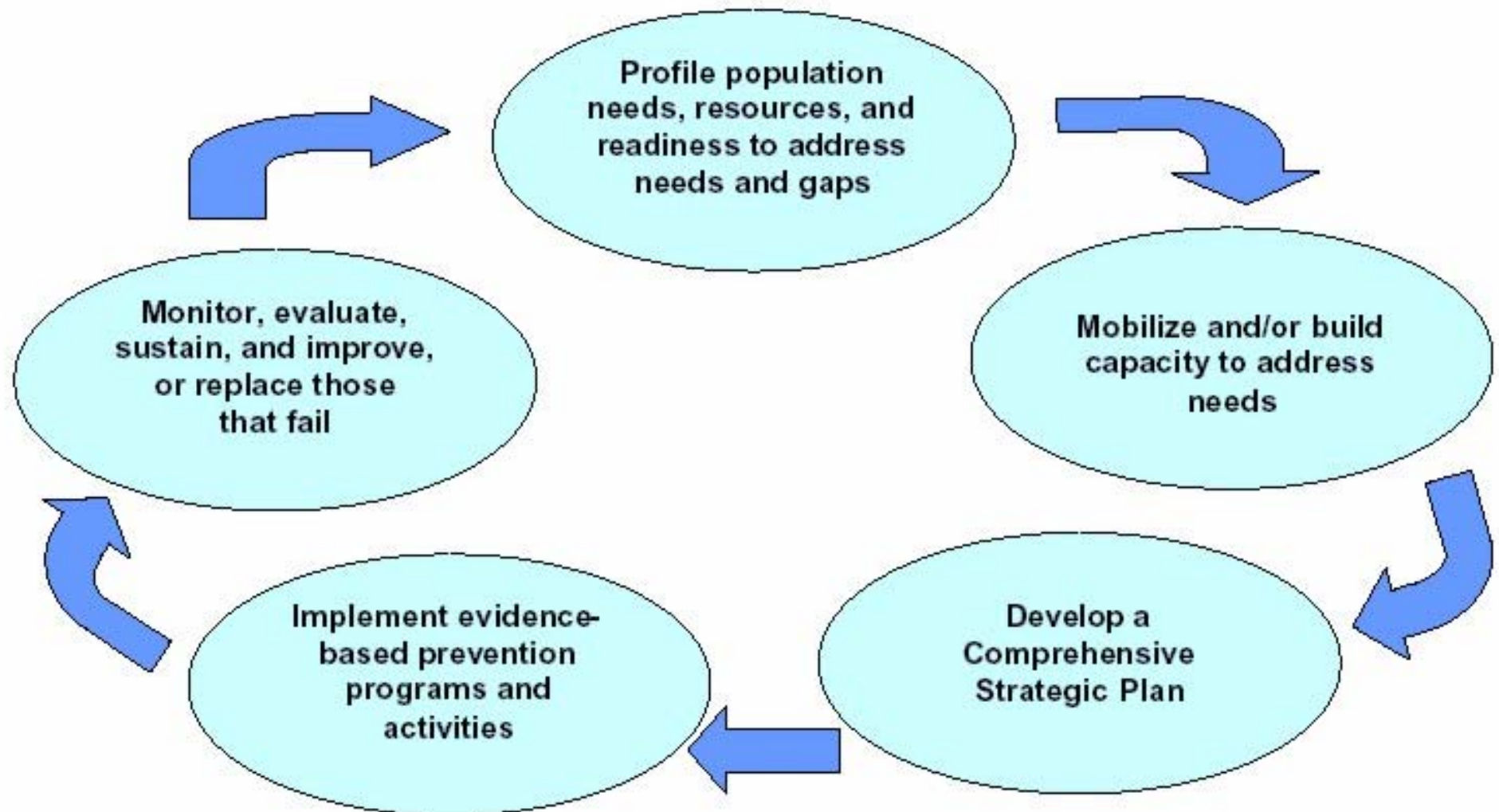
APPENDIX B (COMPARATIVE ANALYSIS TABLE)

APPENDIX C (EMPIRICAL SUPPORT TABLE)

APPENDIX D (FLOW CHART OF COMMUNITY READINESS
ANALYSIS PROCESS)

APPENDIX A

Steps of SAMHSA's Strategic Prevention Framework



APPENDIX B

	Readiness...	Dimensions of readiness	Approach	Scoring and results	Availability
Tri-Ethnic Center for Prevention Research	“...to take action on an issue.”	Community efforts Community knowledge of efforts Leadership Community climate Community knowledge of issue Resources related to issue	Key informant Non-specific	2 scorers/anchored rating scales Reach consensus Community placed in 1 of 9 stages	Public domain
Goodman & Wandersman	“...for prevention.”	Awareness Concern Action	Key leader ATOD specific	No scoring No profile	Public domain
Minnesota Institute of Public Health (MIPH)	“...to address ATOD problems.”	Perception of ATOD problem Permissiveness of attitudes Support for ATOD policy & proc. Adolescent access to alcohol & tobacco Perception of community involvement	Mail survey of random sample of residents ATOD specific	Scoring by MIPH Community readiness report generated	Copyrighted
Perinatal Periods of Risk (PPOR)	“...for PPOR.”	Reasoning Roles Resources Risks/rewards Results	Questions for dialogue and consensus among stakeholders	Score 1-5 on each domain Plot shape of tent	Public domain
Community Readiness Inventory (NIDA)	“...to implement a prevention effort.”	Problem definition Recognition of problem by community Existence of and access to resources Vision and plan Energy to mobilize and sustain prevent. Networking with/support of stakeholders Talent; leadership; sense of community	Questions for dialogue and consensus among stakeholders ATOD specific	Checklist Low, med, high score per element	Public domain
Organizational Readiness for Change (ORC)	“...for change.”	Motivational readiness Institutional resources Staff attributes Organizational climate	Survey instrument Director/staff versions	Descriptive statistics Mean scale scores	Public domain
Communities that Care (CTC)	“...for CTC”	Leader readiness Community readiness Perceived community risk Strength of community ties Attitudes towards diversity	In-depth interview after implementation of CTC had begun 2 versions	Descriptive statistics Mean scale scores	Public Domain

APPENDIX C

	Empirical Support	Possible advantages	Possible disadvantages
Tri-Ethnic Center for Prevention Research	Qualitative case studies	<ul style="list-style-type: none"> Widely recognized/public domain Step-by-step handbook available Practical utility of sequential stages Offers strategies to aid readiness Easily adaptable 	<ul style="list-style-type: none"> Relies on key informants Not specific to ATOD No empirical support In-depth interviews + scoring may be resource-intensive
Goodman & Wandersman	None identified	<ul style="list-style-type: none"> Public domain ATOD specific Simple/adaptable Relatively low cost 	<ul style="list-style-type: none"> No scoring/profile No empirical support Relies on key leaders Requires responses from agency perspective
Minnesota Institute of Public Health (MIPH)	<ul style="list-style-type: none"> Initial psychometric evaluation revealed five distinct domains with internal consistency scores of .77 to .90 Some evidence of construct validity was demonstrated by small but significant relationships (F ratios of .39 and .49) between selected scale scores and community readiness as evaluated by prevention planners 	<ul style="list-style-type: none"> Empirical support Doesn't rely on key informants "Average person" perspective unique ATOD specific MIPH handles entire process (data collection through reporting) Report with profile generated 	<ul style="list-style-type: none"> Copyrighted Cost (\$4900 per community) KY already has similar measure Length of time (6-month process with MIPH) Resident attitudes/norms may not be central in site selection for strategic planning
Perinatal Periods of Risk (PPOR)	None identified	<ul style="list-style-type: none"> Public domain/could be adapted Emphasis on "change" relevant to SPF "Tent" graphic communicates well Domains of readiness have logical appeal 	<ul style="list-style-type: none"> Not ATOD specific No empirical support Would need to be adapted Requires group consensus
Community Readiness Inventory (NIDA)	None identified	<ul style="list-style-type: none"> Public domain Checklist format simple Organizational/systems perspective may align well with goals of SPF SIG Forms/general instructions available 	<ul style="list-style-type: none"> No empirical support Requires group consensus May have more utility for planning rather than site selection
Organizational Readiness for Change (ORC)	<ul style="list-style-type: none"> Depending on version, internal consistency scores were generally acceptable for most domains (e.g. 13 of 18 domains had alpha's of .72 or higher) Some evidence of construct validity (e.g. agreement b/t management and staff, relationship b/t organizational climate and patient engagement, and relationship b/t agency resources overall stability) 	<ul style="list-style-type: none"> Public domain Empirical support Focus on organizational readiness & transfer of evidence-based practice may align well with goals of SPF SIG 	<ul style="list-style-type: none"> Does not focus directly on "community" readiness Assumes respondent works in a treatment agency Would need to be adapted
Communities that Care (CTC)	<ul style="list-style-type: none"> Internal consistency scores for the readiness scales range from .65 to .80 No construct validity data for readiness scales 	<ul style="list-style-type: none"> Public domain Some empirical support Could use community readiness scales from original interview 	<ul style="list-style-type: none"> Not ATOD specific Would need some adaptation Original focus of instrument was for implementation evaluation

APPENDIX D

Analysis of Community Readiness Models

Task: review community readiness models, ascertain scientific validity/overall utility of each model for use with SPF

