Community Readiness Assessment Tool

Assessing Community Readiness for change in Indigenous Communities, Creating a climate that makes healthy change possible

Acknowledgements

The Community Readiness Model is rooted in Indigenous World Views and wholistic approaches to health and well-being for communities. It is essential to recognize the ownership of these central understandings, the basis of this model lies with Indigenous Peoples.

This Community Readiness Manual is an easy-to-use guide for creating change within a community or organization. This version was revised in 2018, with further edits in 2019, in response to feedback from Indigenous communities, organizations and individuals. It is designed as a tool to learn about the Community Readiness model which is highly regarded for assessing the readiness for change and to help develop effective, culturally-appropriate and community-specific strategies. For the Canoe Project, implemented by CAAN & Dr. Peter Centre, the following information has been modified to meet the needs of the project.

The Canadian Alliances And Network (CAAN) would like to thank the writers of the original Community Readiness Manual for National Center for Community Readiness (Colorado State University, Fort Collins, Colorado) with special thanks to Pamela Jumper-Thurman for offering her guidance and expertise to CAAN.

This practical guide offers tools to assist communities who are wondering where to start. The Community Readiness Model processes offer a place to begin to make changes using strategies for prevention and education, towards improving the health and wellbeing of communities.

"In our every deliberation we must consider the impact of our decision on the next seven generations."

Community Readiness Model Overview

The Community Readiness Model:

- is rooted in Indigenous World Views and wholistic approaches to health and well-being for communities. The ownership of these central understandings, the basis of this model, lies with Indigenous Peoples;
- is a model that creates community change, integrating the culture of a community, the existing resources, and the level of readiness to improve harm reduction services;
- allows a community to define issues and strategies in their own context and specifically to utilize the resources in their community;
- builds cooperation between systems and individuals;
- increases community capacity for harm reduction services;
- encourages and enhances community investment in harm reduction awareness;
- can be applied in any "community" (geographic, issue-based, organizational, etc.);
- can be used to address a wide range of issues;
- is a guide to the complex process of community change; and,
- helps to identify the community's "truth" about a specific issue. This may or may not be the same as the actual reality. However, a community's perception is their reality/truth and this truth is vitally important when developing strategies.
- For example, if interviewees perceive that leadership is only slightly involved in the issue, the Dimension C (Leadership) score will be low. However, if in fact, leaders are involved and supportive, this discrepancy between the community's perceived truth and the absolute truth is important in the development of strategies that will reach the community. The action plan might include a step in which leaders find creative ways to inform the community about their involvement better so that perception of the community change and community interest increases.

What Does "Readiness" Mean?
Readiness is the degree to which a community is prepared to act on an issue.
Readiness...

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

Community Readiness Model Overview

Matching an intervention to a community's level of readiness is essential to increase the potential for success. Certainly, interventions must be challenging enough to move a community forward in its level of readiness. However, efforts that are too ambitious are likely to be unproductive because community members will not be ready or able to respond. To maximize the chances for success of harm reduction services, the Community Readiness Model offers tools to measure readiness and develop stage-appropriate strategies.

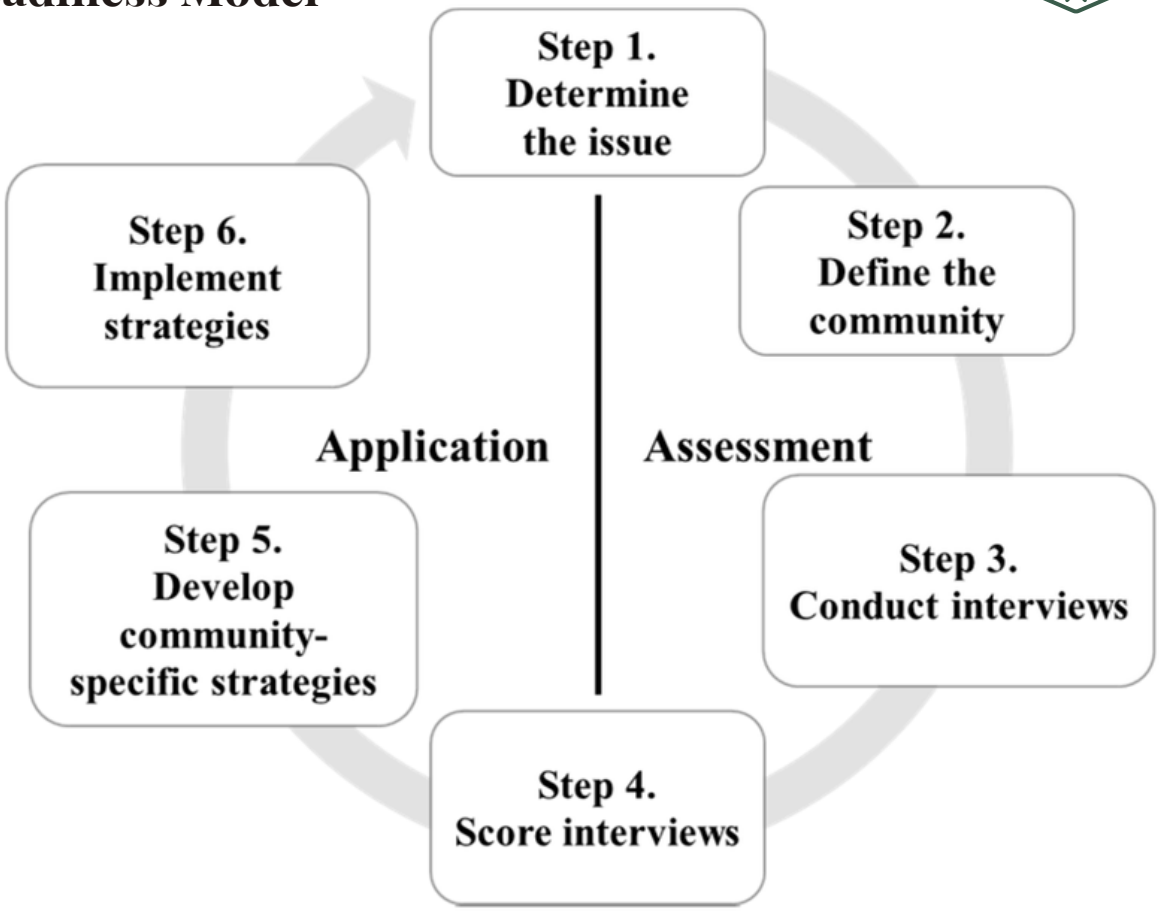
Why use the Community Readiness Model for frontline harm reduction services?

- It is a tool to improve the health and wellness of Indigenous communities;
- Harm reduction is a sensitive topic that has barriers at various levels;
- The Community Readiness Model provides a structure for addressing this resistance;
- It conserves valuable resources (time, money, etc.) by guiding the selection of strategies that are most likely to be successful;
- It is an efficient, inexpensive, and easy-to-use tool;
- It promotes community recognition and ownership of frontline harm reduction service provider issues;
- Because of strong community ownership, it helps to ensure that strategies are culturally congruent and sustainable;
- It encourages the use of local experts and resources instead of reliance on outside experts and resources;
- The process of community change can be complex and challenging, but the model breaks down the process into a series of manageable steps; and,
- It creates a community vision for healthy change.

What Should Not Be Expected from the Model?

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

Process for Using the Community Readiness Model



Step 1	Identify your issue. In this case, the issue is to advance harm reduction services. This issue will not only provide us with valuable insight into the community's perspective on harm reduction, drug use, HIV/AIDS, hepatitis C, and STBBIs, but will also give us information on related issues such as the prevention of other sexually transmitted infections, access to prevention materials, testing sites, supervised consumption sites,, and healthcare.
Step 2	Define your target "community". The concept of "community" may include a geographical area, a specific subgroup within that area, an organization or any other type of identifiable "community". It could be youth, Elders, a reservation area, or a system.
Step 3	Conduct a Community Readiness Assessment using key respondent interviews to determine your community's level of readiness.
Step 4	Analyze the results of the assessment using both the numerical scores and the qualitative content of the interviews. With the completed assessment, you are ready to score your community interviews for each of the six dimensions.
Step 5	Develop strategies that are stage appropriate. For example, at lower levels of readiness, the intensity of the intervention must be lower key and personal. **See strategies that are appropriate for each stage of readiness for general information**
Step 6	Evaluate the effectiveness of your efforts after some time has passed. You may choose to conduct another assessment for a comparison of your community's progress.
Step 7	Utilize what you've learned to apply the model to other issues. As your community's level of readiness to address harm reduction services increases, you may find it helpful to also address related issues, such as, gender-based violence, mental health, teen pregnancy, etc.

Dimensions of Readiness

Dimensions of readiness are key factors that influence your community's preparedness to act on sexual and reproductive health issues. The six dimensions identified and measured in the Community Readiness Model are very comprehensive in nature. They are an excellent tool for diagnosing your community's needs and for developing strategies that meet those needs.

- Community Efforts: To what extent are there efforts, programs, and policies that address harm reduction?
- Community Knowledge of Efforts: To what extent do community members know about local efforts and their effectiveness, and are the efforts accessible to all segments of the community?
- Leadership: To what extent are appointed/elected leaders and influential community members (non-elected/appointed) supportive of harm reduction services?
- Community Climate: What is the prevailing attitude of the community toward harm reduction services?
- Community Knowledge about the Issue: To what extent do community members know about or have access to information on harm reduction services and its existence or impact on the community?
- Resources Related to the Issue: To what extent are local resources – people, time, money, space, etc. – available to support harm reduction services?

The community's score with respect to each of the dimensions will form the baseline of community readiness.

Nine Stages of Community Readiness

Stages of Community Readiness

Stage	Description
1. No Awareness	Harm reduction services are not generally recognized by the community or the leaders as a problem (if it truly is an issue as indicated by statistics).
2. Denial / Resistance	At least some community members recognize that harm reduction services are a concern or needed, but there is little recognition that it might be occurring locally.
3. Vague Awareness	Most feel that there may be a local concern, but there is no immediate motivation or willingness to do anything about it.
4. Preplanning	There is clear recognition that something must be done and there may even be a group addressing it. However, efforts are not yet focused or detailed.
5. Preparation	Active leaders begin planning in earnest. The community offers modest interest in efforts.
6. Initiation	Enough information has been gathered to justify initiation of efforts. Activities are underway.
7. Stabilization	Activities are supported by administrators or community decision makers. Staff are trained and experienced. The efforts are stable.
8. Confirmation / Expansion	Efforts are established. Community members feel comfortable using services and are supportive. Efforts may expand to related issues. Local data are regularly obtained.
9. High Level of Community Ownership	Detailed and sophisticated knowledge exists about having harm reduction services and there prevalence, causes, and consequences. In-depth evaluation guides new directions. Model is applied to other issues.

How to Conduct a Community Readiness Assessment

Conducting a Community Readiness Assessment is the key to identifying your community's readiness by dimension and by stage. To perform a complete assessment, you will be interviewing individuals using the questions on the following pages. There are 25-36 questions, and each interview should take 30-60 minutes. Before you begin, please review the following guidelines:

- Identify a minimum of six individuals in your community, some who work in the field of service provision and some who do not. In some cases, it may be "politically advantageous" to interview more people. However, generally, only six interviews are needed to accurately score the community. Try to find people who represent different segments of your community. Individuals may represent:
  - Health and medical professions
  - Social services
  - Mental health and treatment services
  - Schools or universities
  - Municipal, provincial, or nation government
  - Law enforcement
  - Clergy or spiritual community
  - Community at large, Elders, or specific high-risk groups in your community
  - Youth (if appropriate)

- Read the questions on the following pages. The questions provided are appropriate for an HIV/AIDS, hepatitis C, and STBBI assessment. If you are addressing a related issue, you may need to adapt the questions further. When applying questions to other topics, keep the following in mind:
  - In most cases, you can simply substitute your new issue for the topic of HIV/AIDS, hepatitis C, and STBBIs. However, if a question is clearly irrelevant to your new issue, you may need to drop the question. You may also want to add other questions that are more specific to your issue. If you want to add questions, add them at the end to avoid confusion when scoring. CAUTION: The HIV/AIDS, hepatitis C, and STBBIS questions that are listed in this manual are all necessary for scoring and may not be dropped.
  - If adapting, have two people adapt the questions to the topic independently and then meet to discuss and arrive at a consensus on the revision.
  - You will note that the questions for Dimensions A & B are combined. This is to improve the "flow" of the questions. We have also found the information to score these Dimensions seems to be generally related and it is helpful to consider the items from both Dimensions A & B to obtain a comprehensive score for both Dimensions.

  - If translating questions from English into another language, ask a person who is very fluent in the language and culture to translate. Then, have the translated version “back-translated” into English by another person to ensure that the original content of the questions was captured.
  - Pilot-test your revised questions to make sure they are easy to understand and that they elicit the necessary information for scoring each dimension.

- Contact the interviewees that you have identified to see if they would be willing to discuss the issue. Remember, each interview will take 30 to 60 minutes.

- Before beginning each interview, be sure to introduce yourself and the organization you are representing, explain what will happen in the interview, while being careful to not provide information which may bias the interview.

- Conduct your interviews:
  - Avoid discussion or comment with the interviewers but do ask for clarification when needed by using prompts as designated.
  - Record or write responses as they are given. Try not to add your own interpretation or to second guess what the interviewee meant.
  - Avoid sending the questions to the interviewee to answer. It is human nature to try to find the “right” answer which then removes the community perception or “truth” that is so vital to this process.

- After you have completed the interviews, follow the directions for scoring

Community Readiness Assessment Interview Questions

A. Community Efforts (programs, activities, policies, etc.) and
B. Community Knowledge of Efforts

For the following question, please answer keeping in mind your perspective of what community members believe and not what you personally believe.

1. On a scale from 1-10, how much of a concern is Harm reduction services, to the members of your community (with 1 being "not at all" and 10 being "a very great concern")? Can you tell me why you think it's at that level? (A) .

Click the drop down menu to choose a number from 1 to 10

Comments:

2. I'm going to ask you about current community efforts to address harm reduction services. By efforts, I mean any programs, activities, or services in your community that address this issue.
Are their efforts in your community that address this issue? (If Yes, continue to question 3; if No, skip to question 16) (A)

☐ Yes ☐ No

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

4. How long have each of these efforts been going on? (A) (Probe for each program/activity)

5. Who do each of these efforts serve (e.g., a certain age group, ethnicity, etc.)? (B)

Community Readiness Assessment Interview Questions

6. About how many community members are aware of each of the following aspects of the efforts - choose from the drop down menu: none, a few, some, many, or most: (B)

Have heard of some:	Know who the efforts are for:
Can name efforts:	Know how the efforts work (ie. activities or how they're implemented):
Know the purpose of the efforts:	Know the effectiveness of the efforts:

7. Thinking back to your answers, why do you think members of your community have this amount of knowledge? (B)

Comments:

8. Are there misconceptions or incorrect information among community members about the current efforts? If yes: What are these? (B)

☐ Yes ☐ No

9. How do community members learn about the current efforts? (B)

10. Do community members view current efforts as successful? What do community members like about these programs? What don't they like? (B)

11. What are the obstacles to individuals participating in these efforts? (A)

Community Readiness Assessment Interview Questions

12. What are the strengths of these efforts? (A)

13. What are the weaknesses of these efforts? (A)

14. Are the evaluation results being used to make changes in efforts or to start new ones? (A)

Comments:

15. What planning for additional efforts to address (issue) is going on in (community)? (A)
(Only ask #16 if the respondent answered "No" to #2 or was unsure.)

Comments:

16. **Only answer if you responded no to question 2.** Is anyone in (community) trying to get something started to address (issue)? Can you tell me about that? (A)

Section C: Leadership

I'm going to ask you how the leadership in your community perceives harm reduction services. By leadership, we are referring to those who could affect the outcome of this issue and those who have influence in the community and/or who lead the community in helping it achieve its goals.

17. Using a scale from 1 to 10, how much of a concern is this issue to the leadership in your community (with 1 being "not at all" and 10 being "of great concern")? Can you tell me why you say it's a _____? How much of a priority is addressing this issue to leadership? Can you explain why you say this?

Click the drop down menu

Comments:

Community Readiness Assessment Interview Questions

18. I'm going to read a list of ways that leadership might show its support or lack of support for efforts to address this issue. Can you please tell me whether none, a few, some, many or most leaders would or do show support in this way? Also, feel free to explain your responses as we move through the list. How many leaders:

At least passively support efforts without necessarily being active in that support.	Play a key role as a leader or driving force in planning, developing or implementing efforts. (prompt: How do they do that?)
Participate in developing, improving or implementing efforts, for example by being a member of a group that is working toward these efforts.	Play a key role in ensuring the long-term viability of community efforts, for example by allocating long-term funding.
Support allocating resources to fund community efforts.	Comments:

19. Does the leadership support expanded effort in the community to address this issue? If yes: How do they show this support? For example, by passively supporting, by being involved in developing the efforts, or by being a driving force or key player in achieving these expanded efforts?

☐ Yes ☐ No

Comments:

20. Who are leaders that are supportive of addressing this issue in your community?

Comments:

21. Are there leaders who might oppose addressing (issue)? How do they show their opposition?

Comments:

Section D: Community Climate

For the following questions, again please answer keeping in mind your perspective of what community members believe and not what you personally believe.

Community Readiness Assessment Interview Questions

22. How much of a priority is addressing this issue to community members? Can you explain your answer?

Comments:

23. I'm going to read a list of ways that community members might show their support or their lack of support for community efforts to address harm reduction services. Can you please tell me whether none, a few, some, many or most community members would or do show their support in this way? Also, feel free to explain your responses as we move through the list. Click the drop down menu to answer the following... How many community members:

At least passively support community efforts without being active in that support?

Participate in developing, improving or implementing efforts, for example by attending group meetings that are working toward these efforts?

Play a key role as a leader or driving force in planning, developing or implementing efforts. (prompt: How do they do that?)

Are willing to pay more (for example, in taxes) to help fund community efforts?

Comments:

24. About how many community members would support expanding efforts in the community to address this issue? Would you say none, a few, some, many or most? How might they show this support? For example, by passively supporting or by being actively involved in developing the efforts?

☐ None ☐ Few ☐ Some ☐ Many ☐ Most

Comments:

25. Are there community members who oppose or might oppose addressing (issue)? How do or will they show their opposition?

Comments:

26. Are there ever any circumstances in which members of (the community) might think that this issue should be tolerated? Please explain.

Comments:

27. Describe your community:

Section E: Knowledge About the Issue

28. On a scale of 1 to 10 where a 1 is no knowledge and a 10 is detailed knowledge, how much do community members know about harm reduction services? Why do you say it's a ____?

Click the drop down menu to answer:

Comments:

29. Would you say that community members know nothing, a little, some or a lot about each of the following as they pertain to the issue? (After each item, have them answer. Prompt as needed with "nothing, a little, some or a lot"), use the drop down menu to answer.

The cause for culturally safe harm reduction services.

The signs and symptoms to improve the cultural safety and stigma-free nature of the harm reduction services.

The consequence of not having culturally safe harm reduction services.

How much the community is impacted by the number of people using drugs

What can be done to improve culturally safe harm reduction services

The effects of culturally safe harm reduction services

Comments:

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

Comments:

Community Readiness Assessment Interview Questions

31. What type of information is available in (community) about (issue) (e.g. newspaper articles, brochures, posters)? Do community members access and/or use this information?

Comments:

Section F: Resources for Prevention Efforts (time, money, people, space, etc.)

32. If there are efforts in your community to address these issues, how are these efforts funded? Is this funding likely to continue into the future?

Comments:

33. I'm now going to read you a list of resources that could be used to address harm reduction services in your community. For each of these, please indicate whether there is none, a little, some or a lot of that resource available in your community that could be used to address the issue?

Volunteers	Experts	Financial donations from organizations and/or businesses
Grant funding	Space	

Comments:

34. Would community members and leadership support using these resources to address this issue? Please explain.

35. On a scale of 1 to 10, where 1 is no effort and 10 is a great effort, how much effort are community members and/or leadership putting into doing each of the following things to increase the resources going toward addressing this in your community?

- Seeking volunteers for current or future efforts to address this in the community.
- Soliciting donations from businesses or other organizations to fund current or expanded community efforts
- Training community members to become experts
- Writing grant proposals to obtain funding to address this in the community
- Recruiting experts to the community

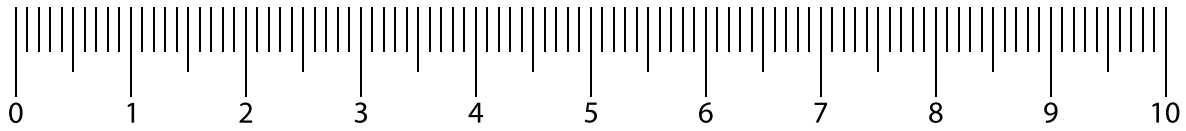
Community Readiness Assessment Interview Questions

36. Are you aware of any proposals or action plans that have been submitted for funding to address this issue in your community? If Yes: Please explain.

Comments:

Notes:

- Please ensure that the respondent answers this question in regard to community members, not in regard to themselves or what they think it should be.
- The figures between one and ten are not figured into your scoring of this dimension and is only to provide a reference point.
- If it is helpful, you can use the scale below to have a visual representation of the scale.



Scoring Community Readiness Interviews

Scoring is an easy step-by-step process that provides the stage of readiness for each of the six dimensions. The following pages provide the process for scoring. Ideally, two people should participate in the scoring process to create accurate results. Here are step-by-step instructions:

- Working independently of each other, both scorers should read through each interview in its entirety before scoring any of the dimensions so that they have a general feeling and impression of the community that is derived from the interview data. Although questions are arranged in the interview specific to each dimension, other interview sections may also provide some responses that will help the scorer to gain a richer understanding of the information. This is helpful in scoring other dimensions.
- Again, working independently, the scorers should read the anchored rating scale for the dimension being scored. Always start with the first anchored rating statement and work your way up. Go through each dimension separately and highlight or underline statements that refer to each of the anchored rating statements. If the community exceeds the first statement, proceed to the next statement. To receive a score at a specific stage, all previous levels must have been met up to and the statement that the scorer believes best reflects what is stated in the interview. In other words, a community cannot be at stage 7 and not have achieved what is reflected in the statements for stages 1 through 6. Note that you do not score each answer, but score using the themes that emerge from all the responses that relate to each specific dimension.
- On the scoring sheet on page 21, each scorer will enter his or her dimension scores in the table labeled INDIVIDUAL SCORES. Each interview will have a score for each of the six dimensions. The table provides spaces for six key respondent interviews. If more scoring tables are needed for additional interviews, simply use a new scoring table.
- When the independent scoring is complete, the two scorers will then meet to discuss the scores. The goal is to reach a consensus on the scores by discussing items or statements that might have been missed by one scorer and which may affect the combined or final score assigned. Remember: Different people can have slightly different impressions, and it is important to seek an explanation on for the decisions made. Once consensus is reached, fill in the table labelled CONSENSUS SCORES on one of the scoring sheets. Then simply add the scores across each row to determine a total for each dimension.

Scoring Community Readiness Interviews

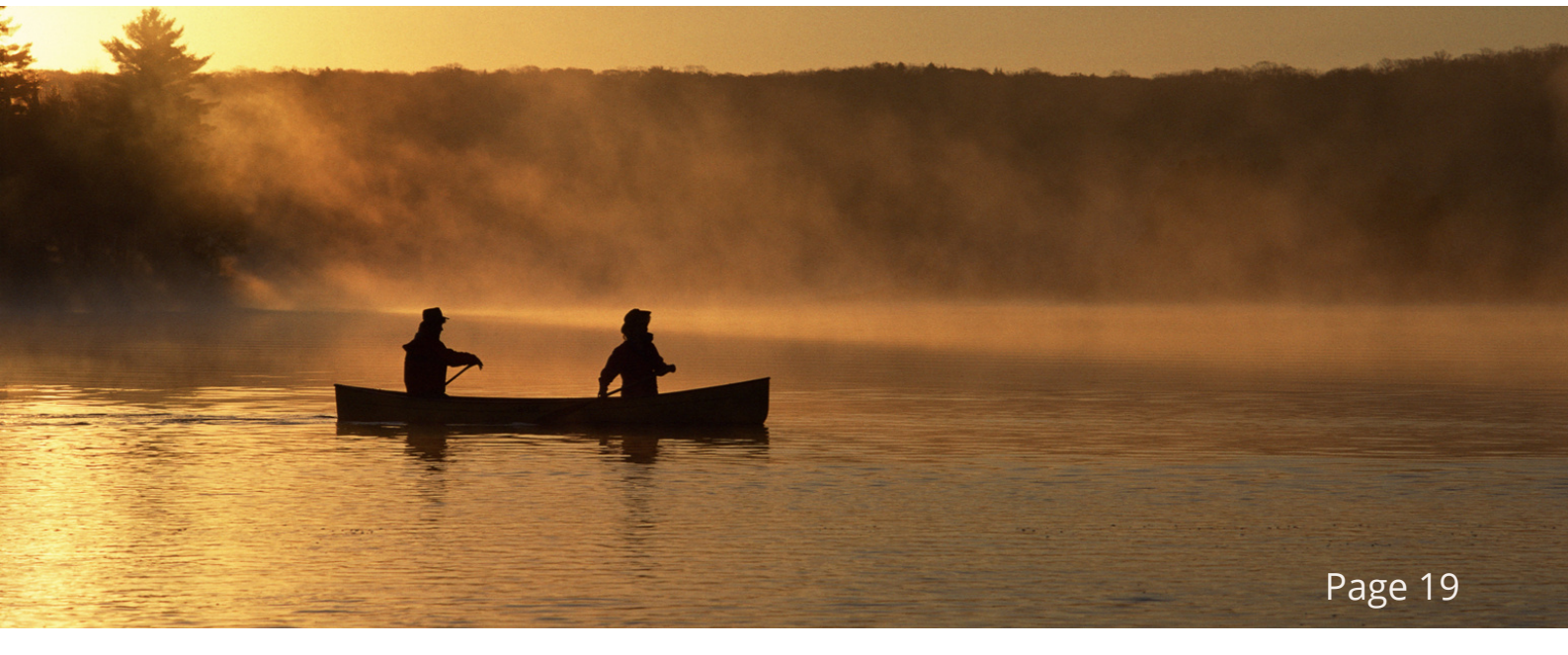
- To find the CALCULATED SCORES for each dimension, take the total for that dimension and divide it by the number of interviews. For example: If two scorers have the following combined scores for their interviews:

Interviews	#1	#2	#3	#4	#5	#6	TOTAL
Dimension A	3.5	5.0	4.25	4.75	5.5	3.75	26.75

TOTAL Dimension A 26.75 ÷ # of interviews 6 = 4.46

Repeat for all dimensions, and then total the scores.

- The result will be the overall stage of readiness of the community. It's important to note that the "overall" readiness score should NOT be used in the development of strategies. It is a reference point only that can be used for data collection or observation only. It isn't necessary to share this score with community members as it may be misleading and detract from the development of appropriate stage strategies for each dimension. The scores correspond with the numbered stages and are "rounded down" rather than up. Therefore, a score between 1.0 and 1.99 would still fall into the first stage, a score of 2.0 to 2.99 would fall into the second and so forth. In the above example, the average of 4.41 represents the fourth stage of pre-planning.
- Finally, under comments, write down any impressions about the community, any unique outcomes, and any qualifying statements that may relate to the score of your community.



Assessment Scoring Sheet

Scorer Name:	**Date:**

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

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

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

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

CALCULATED SCORES: Use the combined score TOTAL in the table above and divide by the number of interviews conducted. Add the calculated scores together and enter it under total.

Assessment Scoring Sheet

Scorer Name:	Date:

CALCULATED SCORES: Use the combined score TOTAL in the table above and divide by the number of interviews conducted. Add the calculated scores together and enter it under total.

					Stage Score
TOTAL Dimension A		/	# of interviews		=
TOTAL Dimension B		/	# of interviews		=
TOTAL Dimension C		/	# of interviews		=
TOTAL Dimension D		/	# of interviews		=
TOTAL Dimension E		/	# of interviews		=
TOTAL Dimension F		/	# of interviews		=

COMMENTS, IMPRESSIONS, and QUALIFYING STATEMENTS about the community:

Rating Scales for Scoring Each Dimension

Dimension A. Existing Community Efforts

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

Dimension B. Community Knowledge of The Efforts

1. Community members have no knowledge about local efforts addressing the issue.
2. Only a few community members have any knowledge about local efforts addressing the issue. Community members may have misconceptions or incorrect knowledge about local efforts (e.g. their purpose or who they are for).
3. At least some community members have heard of local efforts, but little else.
4. At least some community members have heard of local efforts and are familiar with the purpose of the efforts.
5. At least some community members have heard of local efforts, are familiar with the purpose of the efforts, who the efforts are for, and how the efforts work.
6. Many community members have heard of local efforts and are familiar with the purpose of the effort. At least some community members know who the efforts are for and how the efforts work.
7. Many community members have heard of local efforts, are familiar with the purpose of the effort, who the efforts are for, and how the efforts work. At least a few community members know the effectiveness of local efforts.
8. Most community members have heard of local efforts and are familiar with the purpose of the effort. Many community members know who the efforts are for and how the efforts work. Some community members know the effectiveness of local efforts.
9. Most community members have extensive knowledge about local efforts, knowing the purpose, who the efforts are for and how the efforts work. Many community members know the effectiveness of the local efforts.

Rating Scales for Scoring Each Dimension

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

1. Leadership believes that the issue is not a concern.
2. Leadership believes that this issue may be a concern in this community but doesn't think it can or should be addressed.
3. At least some of the leadership believes that this issue may be a concern in this community. It may not be seen as a priority. They show no immediate motivation to act.
4. At least some of the leadership believes that this issue is a concern in the community and that some type of effort is needed to address it. Although some may be at least passively supportive of current efforts, only a few may be participating in developing, improving or implementing efforts.
5. At least some of the leadership is participating in developing, improving, or implementing efforts, possibly being a member of a group that is working toward these efforts or being supportive of allocating resources to these efforts.
6. At least some of the leadership plays a key role in participating in current efforts and in developing, improving, and/or implementing efforts, possibly in leading groups or speaking out publicly in favor of the efforts, and/or as other types of driving forces.
7. At least some of the leadership plays a key role in ensuring or improving the long-term viability of the efforts to address this issue, for example by allocating long-term funding.
8. At least some of the leadership plays a key role in expanding and improving efforts, through evaluating and modifying efforts, seeking new resources, and/or helping develop and implement new efforts.
9. At least some of the leadership is continually reviewing evaluation results of the efforts and is modifying financial support accordingly.

Dimension D. Community Climate

1. Community members believe that the issue is not a concern.
2. Community members believe that this issue may be a concern in this community, but don't think it can or should be addressed.
3. Some community members believe that this issue may be a concern in the community, but it is not seen as a priority. They show no motivation to act.
4. Some community members believe that this issue is a concern in the community and that some type of effort is needed to address it. Although some may be at least passively supportive of efforts, only a few may be participating in developing, improving or implementing efforts.
5. At least some community members are participating in developing, improving, or implementing efforts, possibly attending group meetings that are working toward these efforts.
6. At least some community members play a key role in developing, improving, and/or implementing efforts, possibly being members of groups or speaking out publicly in favor of efforts, and/or as other types of driving forces.
7. At least some community members play a key role in ensuring or improving the long-term viability of efforts (e.g., example: supporting a tax increase). The attitude in the community is "We have taken responsibility."
8. The majority of the community strongly supports efforts or the need for efforts. Participation level is high. "We need to continue our efforts and make sure what we are doing is effective."
9. The majority of the community are highly supportive of efforts to address the issue. Community members demand accountability.

Rating Scales for Scoring Each Dimension

Dimension E. Community Knowledge About the Issue

1. Community members have no knowledge about the issue.
2. Only a few community members have any knowledge about the issue. Among many community members, there are misconceptions about the issue, (e.g., how and where it occurs, why it needs addressing, whether it occurs locally).
3. At least some community members have heard of the issue, but little else. Among some community members, there may be misconceptions about the issue. Community members may be somewhat aware that the issue occurs locally.
4. At least some community members know a little about causes, consequences, signs and symptoms. At least some community members are aware that the issue occurs locally.
5. At least some community members know some about causes, consequences, signs and symptoms. At least some community members are aware that the issue occurs locally.
6. At least some community members know some about causes, consequences, signs and symptoms. At least some community members have some knowledge about how much it occurs locally and its effect on the community.
7. At least some community members know a lot about causes, consequences, signs and symptoms. At least some community members have some knowledge about how much it occurs locally and its effect on the community.
8. Most community members know a lot about causes, consequences, signs and symptoms. At least some community members have a lot of knowledge about how much it occurs locally, its effect on the community, and how to address it locally.
9. Most community members have detailed knowledge about the issue, knowing detailed information about causes, consequences, signs and symptoms. Most community members have detailed knowledge about how much it occurs locally, its effect on the community, and how to address it locally.

Dimension F. Resources Related to the Issue (people, money, time, space, etc.)

1. There are no resources available for (further) efforts.
2. There are very limited resources (such as one community room) available that could be used for further efforts. There is no action to allocate these resources to this issue. Funding for any current efforts is not stable or continuing.
3. There are some resources (such as a community room, volunteers, local professionals, or grant funding or other financial sources) that could be used for further efforts. There is little or no action to allocate these resources to this issue.
4. There are some resources identified that could be used for further efforts. Some community members or leaders have looked into or are looking into using these resources to address the issue.
5. There are some resources identified that could be used for further efforts to address the issue. Some community members or leaders are actively working to secure these resources; for example, they may be soliciting donations, writing grant proposals, or seeking volunteers.
6. New resources have been obtained and/or allocated to support further efforts to address this issue.
7. A considerable part of allocated resources for efforts are from sources that are expected to provide stable or continuing support.

Rating Scales for Scoring Each Dimension

8. A considerable part of allocated resources for efforts are from sources that are expected to provide continuous support. Community members are looking into additional support to implement new efforts.
9. Diversified resources and funds are secured, and efforts are expected to be ongoing. There is additional support for new efforts.

Using the Assessment to Develop Strategies

With the information you've gained about the dimensions and the readiness stage, you are now ready to develop strategies that will be stage appropriate for your community. This can be done in a small group or community workshop format.

The first thing to do is to provide the participants with a brief overview of the concepts of community readiness. Information can be taken from the Workshop Script provided in this manual or from the information that you have learned in using the model. Then discuss the scores with the participants and look carefully at the distribution of scores across the dimensions. Are they all about the same? Are some lower than others?

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

Important Points About Using the Model

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

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

Remember: "Best practices" are only best for your community if they are congruent with your stage of readiness and are culturally appropriate for your community.

Strategies Appropriate for Each Stage

1. **No Awareness**
   a. Goal: Begin to raise awareness of the issue
   b. Make one-on-one visits with community leaders/members.
   c. Visit existing and established small groups to share information with them about local HIV/AIDS, hepatitis C, and STBBIs occurrences as well as general information about HIV/AIDS, hepatitis C, and STBBIs.
   d. Make one-on-one phone calls to friends and potential supporters.
   e. Begin your own internet or library search for resources that can be utilized at later stages.
2. **Denial / Resistance**
   a. Goal: Raise awareness that the problem or issue exists in the community
   b. Continue the one-on-one visits and encourage those you've talked with to support your efforts.
   c. Approach and engage local educational/health outreach programs to assist in the education and awareness effort by including flyers, posters, or brochures in their materials or outreach efforts.
   d. Begin to collect media articles that describe local statistics and available HIV/AIDS, hepatitis C, and STBBI services.
   e. Prepare and submit short bullets or informational "blurbs" on HIV/AIDS, hepatitis C, and STBBIs early testing for church bulletins, local newsletters, club newsletters, etc.
   f. Present information to local related community groups.
   g. (Note that media efforts at the lower stages must be lower intensity as well. For example, place media items in places where they are very likely to be seen by the community at large, places such as church bulletins, small club newsletters, flyers in Laundromats, grocery stores, post offices, etc.). Think creatively!!
3. **Vague Awareness**
   a. Goal: Raise awareness that the community can do something
   b. Request to be on small group or club agendas and present information on HIV/AIDS, hepatitis C, and STBBIs and testing.
   c. Present information at local community events and begin reaching out to unrelated community groups that have a wide and diverse targeted population.
   d. Post flyers, posters, and articles in visible places.
   e. Begin to initiate your own community health events (potlucks, potlatches, etc.) and use those opportunities to also present information on HIV/AIDS, hepatitis C, and STBBIs and testing.
   f. Conduct informal local surveys and interviews with community people by phone or door-to-door about attitudes and perceptions related to HIV/AIDS, hepatitis C, and STBBIs testing, etc.
   g. Publish newspaper editorials and human-interest articles with general information and local implications.
4. **Preplanning**
   a. Goal: Raise awareness with concrete ideas
   b. Introduce information about HIV/AIDS, hepatitis C, and STBBIs and testing through presentations and media. Focus on reducing stigma and raising general awareness.
   c. Visit with and engage community leaders in the cause.
   d. Review existing efforts in the community (curriculum, programs, activities, etc.) to determine who the target populations are and how you might interface/network with them. Consider the degree of success of the efforts.
   e. Conduct local focus groups to discuss HIV/AIDS, hepatitis C, and STBBIs and related issues and develop some basic strategies using community/participant input.
   f. Increase media exposure through radio and television public service announcements.

Strategies Appropriate for Each Stage

5. Preparation

a. *Goal: Gather existing information with which to plan more specific strategies*
b. Seek out local data sources about HIV, AIDS, TB, STIs, hepatitis C, etc.
c. Conduct more formal community surveys.
d. Sponsor a community health event to kick off your efforts.
e. Conduct public forums to develop strategies from the grassroots level.
f. Utilize key leaders and influential people to speak to groups and participate in local radio and television shows to gain support.
g. Plan how to begin basic process evaluation to track the success of your efforts.

6. **Initiation**

a. *Goal: Provide community-specific information*
b. Conduct in-service training on Community Readiness and other health related topics for professionals and paraprofessionals (HIV, AIDS, TB, STIs, hepatitis C, etc.).
c. Plan publicity efforts associated with start-up of activity or efforts.
d. Attend meetings of other groups to provide updates on progress of your efforts.
e. Conduct consumer interviews to identify service gaps, improve existing services and identify key places to post information.
f. Begin a library or Internet search for additional resources and potential funding.
g. Increase your evaluation efforts.

7. **Stabilization**

a. *Goal: Stabilize efforts and programs*
b. Plan community events to maintain support for HIV/AIDS, hepatitis C, and STBBIs efforts and HIV testing.
c. Conduct training for community professionals.
d. Conduct training for community members, parents, Elders and youth.
e. Introduce your program evaluation results through training and newspaper articles.
f. Conduct quarterly meetings to review progress and modify strategies.
g. Hold recognition events to honor local supporters or volunteers.
h. Prepare and submit newspaper articles detailing progress and future plans.
i. Begin even wider networking among service providers and community systems, perhaps not specific to HIV, but related to health and wellness.

8. **Confirmation/Expansion**

a. *Goal: Enhance and expand services*
b. Formalize the networking with qualified service agreements.
c. Prepare a community risk assessment profile.
d. Publish a localized program services directory to increase networking/collaborations.
e. Maintain a comprehensive database available to the public.
f. Develop a local speaker's bureau.
g. Initiate policy change through support of local city officials.
h. Conduct media outreach on specific data trends related to HIV/AIDS, hepatitis C, and STBBIs.
i. Utilize evaluation data to modify efforts.

9. High-Level of Community Ownership

a. *Goal: Maintain momentum and continue growth*
b. Maintain local business community support and solicit financial support.
c. Diversify funding resources.
d. Continue more advanced training of professionals and paraprofessionals.
e. Continue re-assessment of issue and progress made.
f. Utilize external evaluation and use feedback for program modification.
g. Track outcome data for use with future grant requests.
h. Continue progress reports for benefit of community leaders and local sponsorship. At this level the community has ownership of the efforts and will invest themselves in maintaining the efforts.