Community Readiness Assessment Results

Renville County

2012

Completed by Amber Tisue, Regional ATOD Prevention Coordinator for Southwest Minnesota. In collaboration with Project Turnabout and funded by the Minnesota Department of Human Services, Alcohol and Drug Abuse Division.

April 2012
Executive Summary: Renville County Community Readiness

Introduction

The coalition coordinator, Annie Tepfer, of Renville Alliance for the Prevention of Alcohol and Drugs (RAPAD) Coalition requested assistance from the Regional Prevention Coordinator to conduct a county wide Community Readiness Assessment. The purpose for conducting such assessment is to provide communities with the stages of readiness for development of appropriate strategies that are more successful and cost effective (Tri-Ethnic Survey). After further discussion it was decided that this assessment would focus on the issue of underage alcohol use among youth in Renville County.

Methodology

On January 27th, 2012 Amber Tissue, Regional ATOD Prevention Coordinator for Southwest Minnesota (RPC), facilitated a dialogue and discussion model of the Tri-Ethnic Survey with Renville Alliance for the Prevention of Alcohol and Drugs (RAPAD) Coalition. It was discussed previously that the issue to address would be “underage alcohol use among youth” and the community would be defined as “Renville County.” There were 9 members in attendance on this day. The meeting started with an introduction of what community readiness is, why we use community readiness and the process for using community readiness. These items were pulled from the Tri-Ethnic Survey. After this brief presentation each coalition member was asked to complete a Community Readiness Questions Sheet (see Appendix A). Upon completion they were asked to turn in the worksheet without discussion as the results would be analyzed later by the RPC.

Next, each coalition member received a Stages of Readiness Sheet (see Appendix B) along with the Anchored Rating Scales for Dimensions Handout (see attachment 1) from the Tri-Ethnic Survey. As a group, coalition members went through each dimension and had discussion regarding each statement under the dimensions and the group came to a consensus in regards to what “score and statement” they felt Renville County possessed around the issue of underage alcohol use among youth.

Additionally, the coalition coordinator, Annie Tepfer conducted six individual interviews with key community members that did not previously participate in the coalition dialogue and discussion. Tepfer used the Community Readiness Assessment Interview Questionnaire from the Tri-Ethnic Survey (see attachment 2). To clarify responses throughout this report they will be categorized by “Community Members” (participated in individual interviews) and “Coalition Members” (participated in the dialogue and discussion).

Interpretation of Anchored Rating Scale

Each dimension was given a ranking on a scale from one to nine. One meaning a low level of awareness and efforts and a nine meaning a high level of awareness and community ownership. When reviewing the next sections of this summary it would be beneficial to have the Anchored Rating Scale handout available for comparison.

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Summary of Key Findings

Anchored Rating Scale by Dimensions (Dialogue and Discussion with Coalition Members)

Dimension A. Existing Community Efforts
The consensus of coalition members ranked this dimension at a 7: efforts (programs/activities) have been running for several years. Coalition members further noted the following efforts occurring in Renville County: radio ads, billboards, community meetings, Social Host Ordinance, youth groups, posters, messages on youth notebooks and RAPAD Coalition. Community members that were interviewed mentioned that some of these efforts have been in existence for 4-15 years.

Dimension B. Community Knowledge of the Efforts
The consensus of coalition members ranked this dimension at a 5: members of the community have basic knowledge about local efforts (e.g., purpose). Coalition members identified specific efforts such as posters, billboards, town hall meetings, Social Host Ordinance and coalition meetings. Community members generalized the efforts such as education, church activities and parents. Some community members stated that they believed that the community in general “denies the problem”, “some are not aware of it” or that “they don’t care about such efforts.” Coalition members felt that the community “is aware and becoming more aware but due to economic times it isn’t a priority for them right now.”

Dimension C. Leadership (includes appointed leaders & influential community members)
The consensus of coalition members ranked this dimension at a 4: leader(s) is/are trying to get something started. Coalition members described leaders in a general capacity such as: law enforcement, town councils, school, church, educators. Most coalition members that completed the Community Readiness Questions Sheet identified themselves as leaders. During the facilitated discussion, coalition members struggled with identifying key community leaders. A coalition member stated, “leaders are divided, some [are] aware and active while others are not.” Another coalition member stated, “some key community leaders are drinkers, which is legal, but very concerning.” Some coalition members felt as though leaders have changed from the past and helped but were unsure of how long leaders may continue to support efforts. However several coalition members acknowledged that the “county seat in Renville [County] is doing great things.”

Dimension D. Community Climate
The consensus of coalition members ranked this dimension at a 5: the attitude in the community is “we are concerned about this” and community members are beginning to reflect modest support for efforts. Many coalition members commented that they felt the community looks at this issue as a, “rite of passage,” “kids will be kids,” “it’s going to happen.” Coalition members stated they felt the community in general feels underage alcohol use is tolerated in this community. Some coalition members stated that they felt that “drinking is part of being in a group, [it’s the] general attitude about drinking is a norm, [it’s] social” and that the attitude of “I drink and I’m okay” resides within this community. It was also recognized by one coalition member that “drinking at grad parties have decreased on one side of the county but not on the other side.” Another coalition member commented that they were “unsure of efforts reaching a wide range of people.”
Dimension E. Community Knowledge about the Issue
The consensus of coalition members ranked this dimension at a 5: *community members know that the signs and symptoms of this issue occur locally, and general information is available.* It appears as though the community is somewhat to very knowledgeable about the issue however there is little action taken. It was mentioned that the RAPAD Coalition has raised awareness of the issue over the past years.

Dimension F. Resources Related to the Issue (people, money, time, space, etc)
The consensus of coalition members ranked this dimension at a 3: *the community is not sure what it would take (or where the resources would come from) to initiate efforts.* Coalition members thought businesses would be or are supportive but unsure of the level of support. They also felt that “we are doing what we can with what we have.” Another coalition member felt that it’s the “general attitude of adults that don’t want to help teenagers, communities used to raise teens but not anymore.”

Overall Comments by Coalition Members:
- “Community members feel uncomfortable using the services” [referring to prevention services]
- “Sometimes due to grants we can’t make certain changes” [because of grant requirements]
- “If we can’t sustain efforts then we revert back to old things and programs, we can’t continue programs without money”
- “Coalition has done significant things, some are aware but we have a ways to go”
- “If the coalition goes away then people will think we gave up and don’t care anymore. Sometimes people associate this work with DARE and wonder if it will go away.”

Limitations
One of the first limitations to these findings is that during the dialogue and discussion with coalition members it is important to note that the viewpoints expressed are not representative of the entire coalition. Several sectors/members of the coalition were not in attendance when this discussion took place.

Additionally, a mixed method approach was used in that coalition members were first asked to record their own thoughts, then engage in a facilitated discussion, the purpose of which to build consensus. It is likely that some participants may have recorded their thoughts prior to the discussion, but then changed their opinion following the consensus-building facilitated discussion.

The primary data collection method was the facilitated discussion; the comments of individual coalition members captured prior to the discussion are listed to provide further detail about the consensus ranking for each category.

It should also be noted that the interviews conducted with community members provided brief responses to complicated questions, and it was difficult to assign a specific score or value to those interview responses. Therefore, the views of community members not associated with the coalition are not well represented in this assessment.
Conclusions & Recommendations

During the dialogue and discussion with Coalition Members the following key points were identified:

1) It was difficult to define “community” as Renville County as several members around the table were from small towns within the county and recognized that the individual small towns have their own community so it was difficult to gain perspectives about the entire county.

2) Throughout different parts of this dialogue it was difficult to determine who the leaders were in Renville County and what defined them as leaders. Some felt that well known community leaders were also often times associated with alcohol use and laid back viewpoints regarding underage use. It should be noted that when coalition members were asked confidentially if they believed they were a leader, the majority responded positively by stating yes.

3) Some community members were knowledgeable of efforts and addressing the issue while others tended to ignore the issue and did not know about the existing prevention efforts.

The overall stage of readiness for Renville County would fall between two categories: Stage 3 vague awareness and Stage 4 preplanning. Vague awareness means that *most feel that there is a local concern, but there is no immediate motivation to do anything about it* (Tri-Ethnic Survey). Coalition members stated throughout the dialogue and discussion model that this community is somewhat aware of the issue but until a tragedy would take place around the issue, little action is taken.

Additionally, the preplanning stage of readiness means *there is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed* (Tri-Ethnic Survey). It was clear throughout this assessment that coalition members and community members were somewhat aware of the RAPAD coalition and their existing prevention efforts around this issue. The focus of the prevention efforts is the key point in this stage of readiness as coalition and community members referenced their own small town as the defined community rather than Renville County as a whole. Also, in review of the community member interviews it was clear that some small town communities within Renville County were more unaware of prevention efforts than others.

The following strategies and activities are recommended to assist with addressing community readiness in Renville County around the issue of underage alcohol use among youth:

- More awareness and education components around the issue of alcohol use among youth (prepare and submit articles for church bulletins, local newsletters, club newsletters, etc. throughout Renville County)
- Conduct media outreach on specific data trends related to this issue throughout Renville County
- More awareness and education components around the RAPAD Coalition (get on the agendas and present information at local community events and to unrelated community groups throughout Renville County)
- Review existing efforts in the community (prevention curriculum in schools, programs, activities, etc) to determine and consider the degree of success of the efforts throughout Renville County
- Plan community events to maintain support for the issue
- Obtain more local business community support and solicit financial support from them
- Hold recognition events for local supporters or volunteer

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Appendix A

Community Readiness Questions Sheet

A. Community efforts for underage drinking prevention (programs, activities, policies, etc.) Please explain what community you are describing.

B. Community knowledge of efforts
   • Please describe the efforts that are available in your community to address underage drinking. (Star what you are personally involved in if any.
   • Using a scale from 1 to 10, how aware are people in the community of these efforts, with 1 being no awareness and 10 being very aware? Please explain.

C. Leadership
   • Who are leaders specific to preventing underage drinking in your community?
   • Do you see yourself as a leader?
   • Using a scale from 1 to 10, how much of a concern is this issue to the leadership in your community, with one being not at all and ten being a very large concern? Please explain.

D. Community climate
   • What is the community’s attitude about underage drinking? (Specific Community)

E. Knowledge about the issue
   • How knowledgeable are community members about the issue of underage drinking? Please explain.
   • How knowledgeable are you? Please explain

F. Resources for Prevention Efforts (e.g. time, money, people, space)
   • What is the community’s and/or local business’ attitude about supporting efforts to address the issue of underage drinking, with people volunteering time, making financial donations, and/or providing space?
   • What resources do you have or are you willing to support the efforts?
<table>
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<tr>
<th>STAGE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>1. No Awareness</td>
<td>Issue is not generally recognized by the community or leaders as a problem (or it may truly not be an issue).</td>
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<td>2. Denial / Resistance</td>
<td>At least some community members recognize that it is a concern, but there is little recognition that it might be occurring locally.</td>
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<tr>
<td>3. Vague Awareness</td>
<td>Most feel that there is a local concern, but there is no immediate motivation to do anything about it.</td>
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<td>4. Preplanning</td>
<td>There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.</td>
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<td>5. Preparation</td>
<td>Active leaders begin planning in earnest. Community offers modest support of efforts.</td>
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<td>6. Initiation</td>
<td>Enough information is available to justify efforts. Activities are underway.</td>
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<td>7. Stabilization</td>
<td>Activities are supported by administrators or community decision makers. Staff are trained and experienced.</td>
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<tr>
<td>8. Confirmation/ Expansion</td>
<td>Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtained.</td>
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<tr>
<td>9. High Level of Community Ownership</td>
<td>Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new directions. Model is applied to other issues.</td>
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Anchored Rating Scales For Scoring Each Dimension

Dimension A. Existing Community Efforts

1  No awareness of the need for efforts to address the issue.

2  No efforts addressing the issue.

3  A few individuals recognize the need to initiate some type of effort, but there is no immediate motivation to do anything.

4  Some community members have met and have begun a discussion of developing community efforts.

5  Efforts (programs/activities) are being planned.

6  Efforts (programs/activities) have been implemented.

7  Efforts (programs/activities) have been running for several 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.
Community Readiness Assessment Interview Questions

A. COMMUNITY EFFORTS (programs, activities, policies, etc.)

AND

B. COMMUNITY KNOWLEDGE OF EFFORTS

1. Using a scale from 1-10, how much of a concern is this issue in your community (with 1 being "not at all" and 10 being "a very great concern")? Please explain. (NOTE: this figure between one and ten is NOT figured into your scoring of this dimension in any way - it is only to provide a reference point.)

2. Please describe the efforts that are available in your community to address this issue. (A)

3. How long have these efforts been going on in your community? (A)

4. Using a scale from 1-10, how aware are people in your community of these efforts (with 1 being "no awareness" and 10 being "very aware")? Please explain. (NOTE: this figure between one and ten is NOT figured into your scoring of this dimension in any way - it is only to provide a reference point.) (B)

5. What does the community know about these efforts or activities? (B)

6. What are the strengths of these efforts? (B)

7. What are the weaknesses of these efforts? (B)

8. Who do these programs serve? (Prompt: For example, individuals of a certain age group, ethnicity, etc.) (A)

9. Would there be any segments of the community for which these efforts/services may appear inaccessible? (Prompt: For example, individuals of a certain age group, ethnicity, income level, geographic region, etc.) (A)

10. Is there a need to expand these efforts/services? If not, why not? (A)

11. Is there any planning for efforts/services going on in your community surrounding this issue? If yes, please explain. (A)

12. What formal or informal policies, practices and laws related to this issue are in place in your community, and for how long? (Prompt: An example of "formal" would be established policies of schools, police, or courts. An example of "informal" would be similar to the police not responding to calls from a particular part of town, etc.) (A)

13. Are there segments of the community for which these policies, practices and laws may not apply? (Prompt: For example, due to socioeconomic status, ethnicity, age, etc.) (A)

14. Is there a need to expand these policies, practices and laws? If so, are there plans to expand them? Please explain. (A)