



Shai:

Automated:

Shai:

Resources and readiness, that's coming up as well. Maximum numbers. It sounds like people are talking about your ability to do things and your ability to reach people and to reach your community and reach as many numbers as possible. As well as some people responding about resources and readiness. How ready are you to do the work? To segue to the next section, honestly, all these answers are correct. This is exactly what we think about as well. I think that I don't have more answers. So with that, we'll continue on to the presentation. So thank you very much for your participation.

Shai:

Basically, what we're going to do for the next few slides is really elaborate on some of the ideas that all of you have put on in the poll. With that, I'm going to move on to the next slide. First of all, what is capacity? What is our understanding of capacity? You all just shared it, and again, thank you for doing that. When we think about capacity, our definition in very general terms, is the full collection of the tangible resources that you have as well as all intangible resources you bring. It's your human and social capital. It's the community readiness, as some of you mentioned. It's everything that you need in order to implement and to sustain a solution to a particular prevention problem placed in the context of substance abuse prevention. That's what we mean by that.

Shai:

It's interesting because I have to say this in my notes, although I didn't see any of you say this, but often times when people think of capacity they think about do I have the right funding. Do I have the right staff? Do I have the right knowledge? It's all of those things, but it's also about the overall capacity that you have, not only from your own organization, but also from your partners. If you're engaging other people in your work, your capacity is also the skills and the resources that your partners bring as well. Jessica mentioned the strategic prevention framework, which many of you are familiar with. So for those of us who are constantly living and breathing the steps, capacity is step number two. That's where we locate capacity in the broader context of prevention planning, right after the needs assessment step, which, again, as Jess mentioned we talked about last time.

Shai:

In terms of understanding where capacity fits in this, it's also important to keep in mind that needs assessment is about assessing your needs. Some people would include under that step one, capacity assessment just because it has to do with assessment, too. We're going to be talking about capacity assessment here today. So I guess we're thinking about it more as being step two. I don't know if it matters. Either way, you're going through the process of identifying your needs, the risk factors, as we talked about last time, and then what is your capacity to address those needs.

Shai:



Oh, sorry. Again, when we talk about building capacity, we think about increasing your funding and increasing your skills, your knowledge. We're talking about training, training your staff. Those are all things that we think about when we think about building capacity. In fact, that is part of it. That's definitely part of it, but also it's about getting more support, getting more capacity from others. The way we do that is by raising awareness. So, here's the issue that we need to address. It's engaging different stakeholders. And ultimately, it's about strengthening those partnerships to have built your capacity, not just by how you grow your own organizational capacity, but also by increasing the capacity of the movement that you're organizing to address a specific need. One way to think about it is every time you bring a partner on board, you're bringing with them all their skills and all their resources. It's a pretty good deal to bring partners in as part of your capacity building process.

Shai:

What this slide shows is that when we talk about engaging partners, there's different ways to engage partners. Ideally, we want to get to that top step, collaboration of true collaboration where, again, you're basically building a movement to address a problem. But there's multiple steps along the way. Not always is the end result collaboration. That's the ideal, but sometimes some partners you just have to really stick to cooperating, a general cooperation, as opposed to true collaboration. Sometimes that might work if that's what you can do. What do we mean by these different steps? Just to give you some quick examples to give some more meaning to these steps, when we say networking, we mean think about telling someone let's talk and share information. You're just going. You're meeting people. You're sharing. You're talking. You're sharing information.

Shai:

Cooperation is that next step where you're saying, well, let's do more than just talk and share information. Let's actually support each other. I'm having an event this week. You're having an event next week. Let's cooperate. I'll get my people to come to yours. We'll advertise on our website. You'll advertise on your website. You'll advertise our event on your website. It's just cooperation. Now you're working together, but still, you're each doing your own thing. You're just helping each other.

Shai:

Coordination is taking it a step further to say let's actually sit down and coordinate efforts. Let's actually figure out if you're doing one thing and I'm doing one thing, let's figure out how that fits together. Let's see how that works to be the same goal so we're not just working alone.

Shai:

Collaboration, that ultimate goal of stakeholder engagement, is a true collaboration where people are coming together, sitting around the same table, and developing a common approach with different aspects, perhaps different strategies. You're all working around the same goal. In fact, one of the most important elements of stakeholder engagement is that very first step of establishing a common goal. That you're all working towards the same direction. One of the challenges sometimes with collaboration is when that goal is not articulated early on, you might come together, people might be working together, you might think you're on the same page, matter of fact, each organization is working towards a different goal. That's when things are not really ... You don't have as much power, as much capacity to address a specific problem, because things are disorganized or disjointed because of the multiple goals that people are trying to address.



Shai:

Let's take a moment again and refresh where this idea of capacity assessment follows. As I said before, we talked about capacity, what it means, how do think about it, how do we think about stakeholder engagement in the context of capacity. A very important step onto this fifth process when we get to capacity is to assess your capacity to see exactly what is it that you count with. Again, as a refresher from last time if you participate with us, the first step with this fifth is to identify the substance use problem, related behaviors. And then, because oftentimes it's hard to address directly the actual substance abuse problem, what is more effective is to address the risk factors underlying the problem, the protective factors that can mitigate or help prevent the problem. You want to assess those effective factors. The next step is to look at what is your current capacity to address the problems you've identified.

Shai:

Let's talk about capacity assessment then. By the way, the reason why we talk about capacity assessment before we talk about planning, which is step three of the steps, is because before you get to the planning, oftentimes you identify the problem. Now that we know what the problem is, let's jump directly to the solution. What do we want to do about it? We are emphasizing today this idea before you jump to the planning part, let's first look at what is your capacity. The reason why that's important is because you want to make sure that when you get to the planning stage, you'll have a realistic idea of what you can actually do to address the problem. What is it that you're actually counting with? You're now planning something, and you're realizing, you know what, I actually can't do it. You don't really have the right resources, the right capacity to do it. Once you assess your capacity, if there are gaps, if there are shortfalls, it's during this step that you're thinking about how can we add or how can we strengthen any shortfalls in the resources needed before we move onto the planning process. That's why capacity assessment is important to do right after your needs assessment.

Shai:

One way to think about assessing your capacity is by looking at capacity from two perspectives. Two elements to it. First, the resources. What are the programs in place? What are the relations that are involved? Who are the people? What is the money situation? What is the expertise we have? That's everything we have. The other one is the readiness, particularly the community readiness. Do we have the political support? Do we have the awareness that we need to really get everyone behind this problem? It's not just the resources that we bring, but it's also are we at that stage in the process that we're ready to actually put in all these resources so we're solving a problem, or are we going to put these resources in and realize that we are facing all these obstacles because as a community we weren't really ready to deal with the issue?

Shai:

Now, even though we talk about it as two different elements, it's important to note though that you're not really looking at two different things. But rather, when you increase readiness, when you raise awareness, when you get more people involved, you're also actually increasing your resources, too. Like I said before, every time you engage a new partner or a new organization, every time your community is more involved and more invested in the solution, that brings all kinds of resources, whether it's tangible or intangible resources that increase ultimately your capacity.

Shai:



Let's take a closer look at what we mean by these resources that are available to broaden your community. Beyond your organization, beyond your own skills, your own knowledge, your funding, what else is there in your community? Think about four different types of resources just to put categories or ideas about what we mean by the different resources in your community. There are fiscal resources. Every time you engage more partners, they might provide funding, or they might provide in-kind support. Then there's human resources. Every time you engage more people, do you get more volunteers? Do you get more bodies to events or more people engaged in conversations? That's your human resources that your community has. Organizational resources. Do you have the different team that you need? Do you have all the different individuals that you need, all the different stakeholders? Are they all part of the key stakeholders that you need involved, whether it's your local law enforcement agency, healthcare providers, mental health providers? Do you have everyone involved? Do you have the right buy-in from these different stakeholders? So that's organizational resources that you can get from your community. And then there's technological resources. When we say technological resources, it's not just about do you have the right computers or phone, but it's also do you know how to leverage technology? Do you know how to use technology as a resource for your prevention efforts?

Shai:

With that, we wanted to have you all brainstorm on what are some of the resources that exist in your community. Whether you have them or not, what are some of those resources? I don't know if this a poll, or people can just type in the chat box on your left what are some of the resources that are available in your community. What are some of the human, fiscal, organizational, technological resources? Some people are typing in the chat box. It's always great to get very specific examples rather than us coming up with hypothetical examples. It's great to have you all write them. Again, what we're looking for in the chat box on your left ... I see there's a couple people typing. What are some of the resources that exist in your community, whether you actually have them already or whether resources that you know you need to get?

Shai:

For example, police and school administration willing to work with the coalition on all different types of campaigns. That's organizational capacity. Especially when you have a police chief or a school administration as an example, it's presented. People with social media savvy. That's a great one. Again, with the technological resources, it's not just about having the direct technology, whether you have, for example, Facebook and/or Twitter, but it's do you have people who know how to use them? I see there's one more person typing. Actually, two more people are typing, so I'll let them chime in before I move on to the next slide. By the way, these are all great examples. It really shows you that when you think about capacity, it's not just about your organization, but what is it that exists out in the community. How do you leverage? How do you cultivate all those resources that are in your community that can help you with your effort?

Shai:

Debbie says need additional grants writers to ID funding streams and apply for monies that could benefit the community. That's a great example, by the way. Grant writing takes a lot of time and skill. You need really good writers. Grant writing is a specific skill. Sometimes that's not something your organization has, but maybe there's other people in the community that do. Jessica says human-municipal alliances. Faith-based organizations absolutely, by the way, are a great resource. They serve such an important purpose in communities bringing people together. Educators. Health educators. Law



enforcement. Social workers. Absolutely. All these different players. Each brings their own resources to the table.

Shai:

In terms of some additional examples that we can think about, these are different things people might come and offer you. If you raise awareness, if you get people involved, if you get people to come help you. For example, someone saying I've been working in prevention for over 20 years and sit on the board of health in my community. Now that gives you the political capital of having someone on the board of health. We have money to give. Maybe you'll get funding from different people. We have expertise in evaluation. Evaluation being a key piece and, again, that set of skills that you might not have in your organization. So maybe someone else can provide those skills. I am Latino and know my community well. Having those champions or gatekeepers, people who are able to make connections to bring others with them is so important. I have experience in website design and using social media. Again, it's that having people who know how to use technology well. Our organization's mission is about health and well-being. Again, who are all the different agencies that might be working towards the same goal as you are? Rather than do things separately, can help you strengthen your efforts by working together. I have a good sense of where people can get services they need. Knowing how to find what all the different resources that are out there in your community. Having people can help you navigate.

Shai:

Actually, with that one in mind, I'm going to segue to the next slide, which is about thinking about how to map resources that exist in a particular community. To talk more about an example of using geospatial mapping or data to map these resources, I'm going to turn things to Cory.

Cory Morton:

Thank you. Hi, everyone. Again, this is Cory Morton, professor at University of New Hampshire. This piece is both me giving a talk about resources, but also advertising my services as part of the PTTC grant. I'll be providing technical assistance to community organizations around substance abuse prevention work. Several examples will be in this webinar of things that I'll be able to help you produce, if you would like. The context for this is, this is data from the state of New Hampshire. New Hampshire, like a lot of other states in the nation, is pushing to co-locate primary healthcare services with both substance use and behavioral healthcare service. It's a move broadly aimed at stigma. We know that services for behavioral health and substance use are stigmatized services. So if you can bring that into a primary healthcare clinic, you may be able to reduce stigma around people seeking care.

Cory Morton:

This map that you see is a baseline look. The literature tells us that primary healthcare facilities are located in more affluent communities. So communities that are experiencing more poverty tend to have a shortage of those types of physical health resources. This map was an attempt to look at what's the current state of substance abuse treatment in New Hampshire as we move to this new model. In this map, green dots are formal treatment facilities. The yellow dot is a mutual aid recovery support group, like Alcoholics Anonymous, Heroin Anonymous, et cetera. The colors in this map, all of the boundaries here are what's considered a neighborhood by the United States census. It's a small land mass. It doesn't necessarily follow city boundaries, but it has on average about 3,000 residents as a proxy for neighborhoods. The light colors are more affluent neighborhoods. The dark colors are more impoverished neighborhoods experiencing poverty.



Cory Morton:

In contrast to physical health, substance use services, both formal and mutual aid support, were located in communities that were experiencing more poverty. So that's different than what we see in physical health. The question here as we move forward, are we going to see a shift in this map where more substance abuse services are going to more affluent areas in mirror of that access to physical health services? This is one example of a type of map that I've produced. As you finish this webinar, we'll have some more examples. If you're thinking of something that your group wants to produce, just get in contact with me, and we'll have that information at the end of the webinar. I'm going to pass this now back to Jess.

Jessica:

Thanks so much, Cory. That's great. I can't wait to learn a little more toward the end of the webinar. And thanks for introducing this example here as we're talking about resources as one part of our capacity assessment. Thanks also to Shai for getting us started in thinking about what it means to conduct these types of assessments and ascertain our community's level of capacity.

Jessica:

So now it's going to fall to me to talk us through the other part of capacity assessment, which is really around understanding a community's level of readiness. To begin, we're going to have a poll that we'd love to get your feedback on. As the room changes, you'll see the question that we'd like you to consider is on a scale of one to five with one being not at all and five being very. How ready is your community to address its priority substance misuse problem? I'll ask you to respond to that by choosing one through five on the left-hand poll at the top of your screen. Then we also want to ask you to let us know how do you know. What are you thinking of that as you are filling out the poll that's enabling you to choose one of these numbers to assign to your community? What aspects of the community is intimidating to you its level of readiness? So let you think about that as folks are responding to the scale. It looks like we have a wide variety of different levels of readiness with most folks coming in saying that their community is about a level three of five. So not at all ready, but not very ready either, maybe somewhat ready.

Jessica:

A few folks saying that their community is a little less ready to be addressing its priority substance misuse problems, and then some communities that are on the other end of the scale in terms of its readiness. So how do you know? We'll take a look at some of these responses coming in. Surveys, polls, focus groups, participation in a survey, a focus group in community attitudes, so information or data that has been collected around attitudes or perceptions within the community, feedback from community members. So lots of different, I think, responses all getting toward input from the community, which is so key in deciding a level of readiness to a community. So mixed feelings about stigma. Maybe someone who's plotted their community a little further to the left of the readiness scale is recognizing that there's issues of stigma. Another person representing a community that might be in denial around one of its priority problems or more. Some folks calling out some specific partners in terms of being very ready to deal and be proactive in addressing the problems. And then some noting that there's been pushback. You can certainly tell where the readiness level is if when you're suggesting a solution to a particular issue or a strategy to address a particular problem and folks are already pushing back.

Jessica:





You can see folks are really thinking about some of those resources in the community, the human or organizational resources that Shai just mentioned. We can see how these often go hand in hand with its readiness level, but not always. Right? Some very well resourced communities might not have the readiness or the community buy-in or political will to address its substance misuse related issues. Maybe they just are in denial or don't want to deal with it or admit that it is an issue within their community or vice versa. There may be some lower resourced communities that have a high degree of readiness with everyone knowing that these are issues and just not having the resources needed to do anything about it.

Jessica:

You might be also thinking about some of the other proxies for readiness that can give you clues about how ready a community is to accept that there are substance use related problems that need to change, and then to take action. The level of organization within communities. Are there multiple entities that are charged with thinking about and planning to address these issues? Are there one or several organizations that have taken this work on? And then also thinking about how people are talking about these issues in the community. Some of that gets back to what was said about stigma. How are these issues portrayed in the media? What are the language that people are using to describe what's going on? Then thinking about the different players, as we said, in the community who would need to be at a high level of readiness for a prevention initiative to be effective. Not only our task force coalition members, but influential community leaders, change makers, community groups that may be more or less vocal on issues or community members that can be really committed to the work.

Jessica:

The key thing to remember here is that there is a continuum from not very ready to ready to take action. That both individuals and the community as a whole, may be somewhere along that continuum. There are lots of different models to think about readiness, assess readiness, and can be used for tools for determining where a community is along that continuum. We're going to walk through one model in just a moment, which is the Tri-Ethnic Center Community Readiness Model. And then we're going to be able to look to that to consider the various stages of readiness that communities may exist within as well as some of the strategies to improve readiness.

Jessica:

I see some other responses have come into the poll, so before I take us back to the slide, I just want to make sure to debrief some of the new responses. Looking at the number of available services, what Cory and Shai just mentioned in the previous slides is another proxy for readiness. A community maybe having mixed views of levels of readiness. This is great. Anticipating some of what's to come. Some folks recognizing that issues are a problem. Some still holding stigma related beliefs. You can find that out again from this variety of different data sources, including surveys and polls and your informal conversations with stakeholders and then other data, like level of engagement and activities in treatment data. So great responses have come in. Great to see that folks are already thinking about and some have coalitions and communities that are geared toward understanding that they are at a particular level of readiness and may be taking steps to increase that readiness.

Jessica:

Thanks so much for all of your responses and for chiming in on the poll. I see not anyone on the call thus far has said their community is at a stage five of readiness, but that is totally okay because it is all a



process and this will help us hopefully think about moving our communities along this continuum to higher levels of readiness. I'll just ask that we go back to our main slides. We'll get moving around and talking about this community readiness model. As the slides are loading, I just will say that some of you might be familiar with Prochaska's Transtheoretical Model of behavior change, which assess an individual's readiness to act on a new and typically healthier behavior. So moving from the stage of pre-contemplation where the person is not acknowledging that there's a problem that needs to be changed and then moving them along this continuum through contemplation and preparation to act. To finally taking action where the person is taking steps to change the behavior by using different strategies. And then on to maintenance where that behavior change is maintained and sustained over time. Just like individuals, we know that communities are often at different levels of readiness, as we just saw in the poll, and need to be supported through a process of becoming more ready for change.

Jessica:

The community readiness model is one such process developed by the Tri-Ethnic Center. It's a nine stage multidimensional framework that emphasizes the use of existing resources and promoted community based change through community action, cooperation, and a sense of ownership among systems and the individuals that work within them. It's based on the premise that a community's level of readiness must be matched appropriately with the types of interventions that it means to implement in order to be successful, which makes sense. If efforts are too ambitious or are beyond a community's readiness level, they're more likely to fail. This model, like what you have said in the poll before, really depends upon local input. Conducting a readiness assessment among key stakeholders and respondents who can help you to diagnose your community's current level of preparedness to select and implement culturally appropriate strategies.

Jessica:

The model and the handbook describing it, which we're going to share out as a resource after today's webinar, can also act as a roadmap toward developing community readiness, because once the existing level is determined, there are multiple strategies that can be used to increase that readiness. The community readiness model can help, again, move a community forward and be more successful in its efforts to change in a variety of ways. Some of these include measuring a community's readiness level on several dimensions that will help diagnose where you would need to put your initial efforts of building readiness. We're going to be looking more closely at those dimensions in just a few moments. The model can also help to identify community's areas for growth, strength, and as well as the obstacles that it's likely to meet along the way. It can also be useful in pointing out strategies and activities that match a community's readiness level and then work within the culture of a community to come up with actions that are the right fit. It can be useful in helping to aid in the pursuit of securing funding cooperatively with other organizations, working with leadership, and other types of stakeholders. This model clearly can do a lot. It's a very well researched approach to initiating community change, but it can't do everything.

Jessica:

It's not a magic wand that will immediately bring detractors over to our side, since readiness is just a first step. Diagnosing where a community is on this continuum is just the first step in developing more readiness. The model is not going to immediately change the hearts and minds of those that you'd like to engage. It also can't tell you exactly what to do achieve or increase the readiness levels that you would like to achieve. That's really dependent upon the unique cultural context of your community. There's no real one size fits all approach to building readiness. Also, it doesn't tell you anything about





the actual extent to which an issue is occurring in your community. That you'd need to find out during the earlier phases of the needs assessment process when you're looking at your consumption and consequence data. But it does tell you how ready your stakeholders would be to take action around a particular issue provided that it was one of your high priority problems. Finally, the community readiness model is not a prevention program per se in and of itself, but it's a tool and a process for building one aspect of the community capacity needed to implement actual programs and strategies more effectively. That's just a little bit about what the model can and cannot do so that you can be sure you're not over promising if you should choose to use this model in your community.

Jessica:

Here's an overview of the stages of readiness. Some of you may be familiar with these. These are the stages of readiness included in the model. I just want to call out something that I'm sure you're aware of. That building community readiness is not a linear undertaking, but one that continues throughout our prevention planning and implementation process. The readiness levels for an issue can increase or decrease for lots of reasons.

Jessica:

I worked recently with a community not too long ago that had a very robust coalition, lots of community support, ample long term funding, and that had really emerged as a leader within our state on the cutting edge in a variety of prevention related areas. This community experienced a series of changes in leadership, both at the coalition level and at the municipal level, and had spent a really significant amount of time rebuilding readiness among their stakeholders and key decision makers. There was still a lot of readiness within the community, a lot of built capacity within the coalition, but where they would've been at a stage nine a few years ago with this high degree of professionalism and level of community ownership over preventing substance misuse with representation from a wide variety of community groups and subcommittees to address specific issues, including conducting a comprehensive needs assessment process and developing strategies to have a plan of evidence based prevention programs to address those issues of concerns ... This group went from being known in the community as the go-to group for action on these issues at a stage nine to probably being at around a five or a six on this scale, preparing to enter the implementation phase again with a renewed level of community understanding and support.

Jessica:

We also know that readiness levels can vary by issue. It may take more time to move a community to action for one problem than another. I'm thinking of other communities I know of that have responded very proactively to the opioid overdoses among their residents, but that might be in a much earlier stage. Maybe in no knowledge or community tolerance in stage one when it comes to addressing youth marijuana use, because it's viewed by the community as more of a rite of passage. The take away here is that readiness levels are not hard and fast and may vary across issue areas, stakeholder groups within a community, and then different timeframes all within the same area.

Jessica:

We're going to look at each of these stages in the upcoming slides. Want to ask you to keep something in mind as we do. It's not really essential to pick an exact stage for community, but you should be able to generally plot where your community would fall in the range. Wherever you do fall, your next step would be to identify activities that are the appropriate level of readiness and that can help you move



further up the continuum toward those higher levels. In stage one, leadership within the community believes that whatever the issue is, is not really a concern. The community itself either has no knowledge or the issue or may be tolerant of it. You'd also see that there would be no resources available within a community at stage one for dealing with the issue. You might hear people saying or someone say that the problem isn't really an issue for their community, or maybe even acting in ways that exacerbate the problem without realizing it. For example, adults may be hosting parties where alcohol is available for use, because they believe the kids are just going to do it anyway and it's safer when parents take the keys away.

Jessica:

In stage two, the community believes that the issue is not a concern or that it can't or shouldn't be addressed. It may have incorrect knowledge or some misperceptions about the issue. There's also likely no support within that community of using available resources to address the issue. You might encounter someone who's pretty pessimistic about the prospects for making change. Say that there's nothing that the community can do about the issue. In this stage you might be seeing some real differences, let's say, between responses on a student survey versus a parent survey. Here, parents might be convinced that substance use among youth isn't really an issue in the community, but lifetime or 30 day consumption data from the student survey at the high school is showing you otherwise.

Jessica:

Then in stage three is when a certain few members of the community show signs of a dawning awareness about local prevention efforts, but really know little more about them. In this stage, you're likely still to find limited resources that can be used to further those efforts. There might be a lot of buck passing in this community and during this phase when some people realize that something should be done about the issue, but hope that another organization, another taskforce or group will take the responsibility for it.

Jessica:

In stage four, you would hear community members in this pre-planning stage acknowledge that the issue in question is a concern. Awareness of local efforts would be growing, but most people would still not have much information. You'd begin to start seeing a limited number of resources become available that could be used to further efforts to address the issue. But here people are really starting to recognize that this is important. They're going to start wanting to consider taking actions. You might hear people at town meetings or community forums sharing qualitative or anecdotal data about what they're seeing in the community and why they think it is a problem.

Jessica:

Next is stage five. In this stage, many community members have heard about prevention efforts in the area and are actively supportive of continuing or improving those efforts. You'd start seeing attempts to secure additional resources to support the work, maybe through grant funding or reaching out to community organizations to explore resource sharing or partnership opportunities.

Jessica:

In stage six, here you are. You're in initiation. Communities start to really internalize the belief that it's their responsibility to address the issue at hand. The average community member is going to know something about local prevention efforts. Since resources have been obtained to support these



activities, work has been initiated and this is all contributing to increasing community awareness. You can begin to see some traction within the community. Things starting to click into place. I don't know if you're part of a community like that, or if you've ever been part of one, but you begin to see these strong cross-organizational working relationships. Really good attendance at coalition meetings or events. Champions arising from all sectors of the community that can help forward the work. If you have been part of this type of organization, it seems to have turned a corner and be gaining momentum, then they're likely in this stage of readiness or one of the next three.

Jessica:

Now, looking at the final three stages, in stage seven, or institutionalization stabilization, the community is involved in improving long term viability and sustainability of efforts. Community members have details about programs that address the issue at hand and can speak articulately about those efforts. Financial resources to support those efforts are continually being sought and obtained. Folks from across community sectors understand their role in prevention efforts and have taken responsibility for seeing them through. So prevention efforts might have hit that next level in terms of their ease of implementation and their outcomes.

Jessica:

In stage eight, the community plays a key role in expanding and improving efforts. Community members may have considerable knowledge about local efforts, including the level of program effectiveness. They might be able to talk a little bit about your evaluation data and the type of effect or impact that your work is having on a community. They're going to really take an active interest in wanting to continually approve those efforts. You might hear people talking about reducing duplication of efforts at this stage. Planning for sustainability should current funding streams become unavailable in the future will also take place at the forefront of people's minds. Some communities might be thinking about adding funding for permanent substance misuse prevention specialists or coordinator positions to the municipal budget. School systems might be taking on the cost of conducting the biannual school survey, or police departments might be talking about cost sharing for compliance checks. Over time these relationships have been built and partners are building trust and can see the value in our prevention activities. You might also hear about some unlikely partnerships as people move beyond traditional partners and explore other collaborations around shared group causes or risk and protective factors that also influence other problems in a community.

Jessica:

In the final stage, large segments of the community are supportive of or actively involved in or, at the very least, have detailed knowledge of local prevention efforts. These are a point of pride for the community and have become embedded into the community's very identity. You'll usually see experienced preventionists in key leadership roles in this community with very strong relationships and a lot of credibility and respect among their peers and other stakeholders.

Jessica:

We just walked through and outlined the nine stages of readiness that a community can fall within on a given issue. But what goes into assigning a community to a particular stage? There are several, well, five actually important dimensions of community readiness, each of which contributes to the overall level of readiness that a community might merit. These dimensions or aspects can guide the community in moving their readiness levels forward. The dimensions are, starting at the very top, community



knowledge of efforts, meaning how much does the community know about current prevention programming and activity. Leadership, which is what the community's leaders' attitudes are toward addressing the issue at hand. Community climate, which speaks to the community's general attitude toward addressing the issue. Community knowledge of the issue, which looks at how much the community knows about a particular substance use related problem. And then what are the resources that are being used or could be used to address the issue? Again, resources and readiness are intrinsically linked.

Jessica:

Each dimension can be considered independently and assigned a different readiness level. The scores for a community might look like what you see in the table on the screen. Let's say this community was assessing its readiness to address youth marijuana use. For community knowledge of prevention efforts at the very top, a score of stage three means the community is at the level of vague awareness, wherein a few community members have heard about the local coalition's efforts to educate youth about the risk of harm relating to using marijuana, but know little more about those efforts. A rating of stage two or denial/resistance among leadership might mean that the leaders in that community believe that the overall issue is a concern. Sure, we don't want kids to smoke pot in general, but they believe that it's not really a concern in their specific community.

Jessica:

It looks like the rest of this community, in this example, would largely agree with that statement. So the community climate towards this issue is at a stage two as well. That might be in part because the community's knowledge of the issue is really just at the level of vague awareness or in stage three. Maybe they've heard about some of the consequences of youth marijuana use leading to memory or learning issues or issues with motivation or school performance or some of the reasons that youth might be at higher risk for using marijuana, like struggling with mental health related issues like anxiety or depression, but they don't know too much more about what the real impacts or risk factors could be. The community looks like it's in stage four with regards to resources, meaning that some of its current efforts may be funded. But that funding might not be stable or could be ending sometime in the near future, and that there are limited other resources identified that could be used to further efforts to address this issue in the future.

Jessica:

The process is that once you've assessed the level of community readiness for each of the five dimensions, it's so important to be focused on the levels of readiness of the dimensions that have the lowest scores. You're going to want to identify strategies to improve concrete aspects within the dimension with the lowest scores, and then set some measurable and attainable goals to help you track your progress in moving the community toward greater levels of readiness. Some examples on the screen on the left-hand side for levels one through three, tolerance or no awareness, denial/resistance and vague awareness. Some of the strategies for increasing readiness would include conducting one-on-one interviews with key community stakeholders to begin turning their heads and educating them about your work and the problems manifesting within the community. You want to be here, very aware of your message and ensure that it's appropriate to your audience's level of understanding. And also, to think carefully about who the messenger should be. We know that some groups are more welcoming of outsiders and others, so you might want to think about who among your team has existing relationships with individuals within these groups, or who has the credibility and convey a message that will be



received and understood. Also, consider thinking about seeking out opinion leaders as they may have more influence on people's beliefs and actions.

Jessica:

You may also want to reach out to other groups and attend meetings that are not strictly speaking related to your work directly, but might be indirectly related or hosted by individuals or groups that can have a positive impact on your work. We talk a lot about having the right people come to our tables, but sometimes I know you know we need to go to other tables and offer our support in order to build those needed relationships and connections. You can also be really creative about your use of social media by extending your reach to those outside your immediate circle and sharing the conversation, not knowing who might be interested or where new connections might lie. You can see in these stages much of the work of increasing readiness focuses on getting the word out, building relationships, and engaging stakeholders.

Jessica:

For levels four through six in the middle of the screen, you may want to think about leveraging some of those new one-on-one relationships you've built into providing presentations to their organizations or other community groups. Inviting members of the community to take part in planning meetings to brainstorm strategies to address issues you've identified, or implementing larger media campaigns to expand your reach. You see a shift away from individual focused capacity building efforts to scaling up to make connections at a higher organizational or societal level.

Jessica:

And then at levels seven through nine, you might begin in earnest to use your evaluations findings to modify your efforts and implement a continuous quality improvement type process. You'll likely be seeing some results from your efforts at this stage. You could increase readiness by publicizing those successes and inviting the community to take part in those celebrations, which builds goodwill and reinforces the commitment that they've already made to your work. And, maybe might also inspire those not already engaged to make similar commitments, which will thereby maintain and expand local support. That can lead you down the path to identify new funding sources, as well as new skillsets among your stakeholders that can help you secure resources beyond funding to sustain your effective processes and outcomes in the long term.

Jessica:

Once you've diagnosed what stage your community is at and explored some of the strategies that can move you to the next stage, you'd want to be developing an action plan for increasing readiness and determine some specific goals that you'd like to reach over a period of time for each readiness domain. You'd look at the distribution of scores across dimensions to see if some scores are lower than others, and then formulate goals to address readiness in those dimensions. In our example on the last slide, remember leadership was in stage two, denial or resistance. So a goal statement to improve this could be to work with community coalitions to increase leadership's awareness of youth marijuana use in the community by June of 2020, because that's in part measurable and tells you who will do what by when. But you could make it even more measurable by identifying certain community groups that you'd like to be more aware of these issues in your community and sending a survey to those groups asking for their perceptions relating to substance use behaviors in the area.



Jessica:

So this would give you some baseline information about their knowledge and an opportunity to follow up with them with an offer to meet for coffee or to come to their staff meeting to share data from the new school survey that's just been released, or to compare to the survey you send in a year's time that's going to show you your progress in getting the word out to key decision makers in your community.

Jessica:

How does all of this fit into strategy selection? Well, as we mentioned in last week's webinar, choosing strategies that align with the problems and factors that you've identified through your needs assessment are just the first steps in the process. We have to look at the community's level of capacity, it's resources of readiness, to determine whether it will really be possible to implement those strategies and make the anticipated changes that we mean to our problems. Thinking back to our conversation on resources, for any strategy that you'd like to implement, you'd want to ask yourself, is it feasible? Meaning, does the community have the human, technological, fiscal, and organizational resources needed for that intervention to be successful? You'd also want to make sure to know if there's synergy within the community and whether the intervention that you're thinking of implementing will add to or reinforce other prevention interventions or resources that are currently at work in the community. You'd want to be able to confidently answer the question as to whether the community is ready to take action after conducting your readiness assessment and whether key stakeholders and the community at large would support the intervention.

Jessica:

If you're able to answer yes to these questions, then the intervention would be considered a good practical fit for the community. When interventions are not good practical fits, you might find resistance because the level of readiness needed is not there. Or you could encounter logistical barriers, because maybe there isn't the appropriate level of technological capacity to implement the intervention as designed or with fidelity, which we talked about at length in our last webinar series. Bottom line is though, if the prevention program practice or strategy doesn't fit the community's capacity, the resources, and readiness to act, then the community is unlikely to be able to implement that intervention effectively. If with nothing else, we hope that you come away feeling confident in that fact after today's presentation.

Jessica:

For our last topic today, I'm going to just turn it back over to Shai to talk us through some considerations for sharing assessment findings. So, Shai?

Shai:

Great. Thank you, Jess. Once you do that capacity assessment, it's always good to engage stakeholders by letting people know what you found. That's what we're going to be talking about. The important reason for doing so is because the capacity assessment can identify both what are your strengths of the capacity, but also what are the gaps or the needs that you have. Sharing that with stakeholders can help to figure out ways to address those shortfalls.

Shai:

Before we go there, we will have a quick poll. We want to know how have you shared assessment data with key community stakeholders in the past. Have you done a capacity assessment, of any kind?





Whether it's a more formal data gathering or whether you just more informally looked at what other resources are a capacity that you have, how have you shared that information with others, other partners, other stakeholders in the past? Again, if you can just put in your answers in the chat box, that would be great.

Shai:

It sounds like several have done these kinds of presentations in the past. One particular participant talks about town council meetings. That's a great way to engage with local government. That's great. I'm actually wondering if the people who wrote the presentation, not to pick on you, but if you guys can also clarify who the audience was or what kind of presentation. For example, I see another town hall meeting and community meetings. If people who wrote the presentation can elaborate on if it was that kind of presentation. Again, I see more of that kind of presenting in front of local leaders. Countywide meetings, town council, school board meetings, coalition meetings. Looks like a lot of you have been presenting your data already to your stakeholders, your local government officials, your school leaders, and also your broader coalition members. That's great. Hopefully the next few slides will help you think through how to best present the data next time you have an opportunity. Thank you all for participating in the poll.

Shai:

Sharing your assessment results. There's different ways of doing that. Again, most of you talked about your presentations to key stakeholders, and that's important. These are some of the things to think about. First of all, it's always good whenever you're presenting any kind of information really, is to think about multiple channels or different types of media to get information out. It's good to have that planned in a dissemination plan. Think about all the different options that you have to get the information to the right people and what are the ones that will work best. How, and also who is going to help you disseminate that information? I'm assuming that when people have presentations and definitely when you talked about school board and town meetings, that that's face to face presentations. All that's very good, because you're engaging face to face with your stakeholders, but it might be also helpful to have additional forms as well. That gets the format. In addition to face to face presentation, can you provide something in writing even if it's super short or some sort of infographic that shows where are your strengths and maybe even where are your gaps.

Shai:

Brief stakeholders regularly, especially with those of you who talked about town meeting members and school board. Is there a way to engage them on a more regular basis? You may only have once in a year or a couple times a year opportunity to present face to face, but is there a monthly newsletter that you can create in order to provide that information? Or just have some sort of email exchange every so often to provide people with updates on how things are moving in terms of the capacity.

Shai:

Help stakeholders understand the data. This is really important. This is not just about how do you get the information to them, but it's also, what do you do when you actually are there face to face or however, in writing? How do you make sure that people understand the data? That's where you can really get creative with all kinds of ways of presenting data in a way that is very helpful to understand, whether it's through visuals like graphics, different types of data graphic options, or by telling stories, good old stories, to understand what is it that people bring. For example, there was that slide we



presented earlier with the speech bubbles that showed different kinds of resources that you can count on, not by showing you data, but just by giving the quotes that people might have. You might show. You might want to do something similar to those talking bubbles with real quotes that you got from people that are actually engaging or willing to provide support. That's another way to help make the data come to life.

Shai:

Ultimately, you want to show why all of that matters. Why is it important? Why is this capacity critical? Which is about how will all these resources, everything that you have, everything that people have offered, how will that ultimately help address the problems that you identified as well as the factors you've identified?

Shai:

Some of you already talked about community forums. It sounds like you guys already are doing that. We just wanted to highlight how important those community forums can be. But really, if you can bring a diverse audience, so not just a specific school board or the town hall, town clerks or town administration, but can you get a community forum where you invite different stakeholders, where you can invite parents of young people, where you can invite law enforcement, where you can invite educators to have conversation where you're not just presenting data, but you're really engaging the conversation. You're really getting the conversation going so that you can build that readiness that Jess talked about. You can get people to see things differently and see why this is an issue that they should all be involved with, and why it's time that the community puts it full support.

Shai:

The quotes in this forum is the kind of thing that you would get. It's parents coming and saying, "Oh, I don't think that many kids here have tried alcohol." Well, that's an opportunity to have a conversation and say, "Well, in fact, here is the data showing the underage drinking problem in our community," so that they can understand the reality and provide that support. Or sometimes we have parents who are knowledgeable about the problem. They might have caught their child drinking. So it's engaging them in conversation about what is it that you can do about it. Whether people are realizing, again, these are all the different stages of readiness Jess talked about.

Shai:

Different data formats. I mentioned this already before, but think creatively about how to present data. Whether it's using infographics, or it's using word bubbles, or what words are coming up in qualitative interviews, like in the image in the middle, or you're using that geospatial mapping that Cory talked about. All those are ways to help people understand where their resources lie. Again, it's about being creative, and it's also really important about knowing what is the story you want to tell. What's the message you want to get across to people? What do you want people to leave with? What do you want people not only to know, but what is that you want them to do next? Do you want them to be involved? Is there a particular way that they can help support your efforts? Think about how the data can help you tell that story that will motivate and engage people. With that, I'll segue back to this idea of creative ways of presenting data. One of them is this idea of geospatial data and mapping of applications. To do that, I'll turn things back to Cory.

Cory Morton:



Thanks, Shai. In the vein of presenting data, throwing a table up when you're giving a talk isn't often the most powerful way to present an idea, but a lot of people can see relationships in pictures more than they can see in text. Here's just two more examples. These deal with the crisis around opioids. The map on the left, this is New Jersey. It's just the death rate in New Jersey that can be traced back to opioid use. Then on the left, we have treatment for actually using heroin for ages 25 and under. You see from 2006 to 2011, there were a few counties that really experienced big increases in terms of treatment rates for folks who were using heroin. This is just another example of something that the PTTC can help with in terms of the technical assistance that's specifically on mapping, but also in terms of data presentation and visualizing data to translate your data to the audiences that you interact with. I'm going to pass back to Jessica here.

Jessica:

Thanks very much, Cory. I really appreciate you walking us through that, and Shai you walking us through some of the other considerations around sharing data. We've reached the end of our presentation for today, but before we sign off, we want to first pause and give a moment to hear from you to see if there are any lingering questions that you have based on what we've covered today or what we covered in part one of this webinar series. So give folks a moment to think. If you do have questions or anything you'd like to discuss with our presenters, feel free to type them into the chat so we can have a few moments here to address any questions that may be outstanding. While you're thinking, I thought of a question that I would love to ask you, Cory, while folks on the line might be thinking about what they'd like to ask. What would you say would be the first thing that a community that is considering mapping their data should do as they are contemplating the process?

Cory Morton:

I would say the first thing that an organization or a community should do would be to take a census of the data that they have in house to see if there are geographic identifiers in that data or not. Because some data can be mapped, some can't. If there are data that are in house that can be backwards matched. Let's say we did an intervention in one municipality, if we could match all that data into a specific municipality. Just really taking a census of your data and just being clear about what the question is and what the idea is that we want to convey via the map or the other type of visualization.

Jessica:

That makes sense. Looking at the data that's already available to see what might be transferable or translatable to a map type of format. That can also, I imagine, inform future data collection in case there are indicators or information that you'd like to be able to plot on a map, but you're not necessarily thinking about those data in geographic terms at the moment. It could inform how you approach your collection activities in the future. That's a lay person trying to make sense. Is that a fair statement?

Cory Morton:

No, that's a great point. As you go through your data, if there's things that you would like to convey that aren't there, there are a lot of publicly sourced data sets. If folks have questions around that, I can help connect people to data and leverage that public data in a way that connects back to the community work.

Jessica:



That's great. Thanks for that. If there are other questions, please definitely do put them in the chat. We've got a few minutes more, so we want to make sure no one leaves here with anything lingering on their mind. So feel free. While you're thinking or while you may be doing that, I'll move us on to our resources slide where we'll talk a little bit more both about mapping. But first, specific to this process of assigning a readiness level to your community, we are going to share out that Tri-Ethnic Center's Community Readiness Model Handbook that we mentioned. That outlines the process that we walked through today. We'll also be sharing out a worksheet that we've developed on increasing community readiness that we think would be useful to you in that process if you were to walk through as a community. We also want to tell you just a little bit more of the types of support that the PTTC and Cory can offer, specifically relating to geospatial mapping. Cory, do you want to walk us through the final two bullets on the slide?

Cory Morton:

Sure. Part of my role is technical assistance. This goes with the question that Jessica asked. Basically, what I was talking about there, if there are things that communities would like to see visualized on a map, you can just get in contact with me and we can start thinking about data that you have or data that we can find or source and use to suit your needs. There's going to be an upcoming webinar probably late May on this specific type of topic, locating geospatial data and also integrating that kind of visualization into the needs assessment that you do and also evaluation.

Jessica:

That's great. Oh, go ahead. Sorry, Cory, I didn't mean to interrupt.

Cory Morton:

That's fine. And then eventually, as part of the PTTC, there will be an online repository of short videos around topics covering the webinar, like skills applications that you can use at a later date.

Jessica:

Very cool. So be sure to keep your eyes out for information about that webinar some time in May and some of the other resources that will be coming down the pipe. We'll make sure to be sharing that out via email in advance. Now we want to turn it back to you one more time to let us know a little bit about what other prevention related topics you might be interested in attending a virtual webinar on. We want to make sure that we're developing and delivering webinars that are meeting your needs and building capacity in specific areas of prevention. So we're just wondering, what topics would you like to see additional webinars on in the coming months? It'll really help us in our planning. Hopefully, we'll make sure that we're providing you with information that you can use. We can't promise that we'll be able to cover everything, but we'll certainly make an effort to cover topics that seem like they would be of particular interest or use. So feel free to put your responses in the poll box at the top of your screen, if there are topics that are coming to mind that would be useful to you that you would like us to maybe be able to provide some virtual training on.

Jessica:

If nothing comes to mind in the moment right now, we'll invite you to certainly follow up with us if anything does cross your mind that would be useful. For sure, we're going to share out our contact information the next slide, but I do see one answer coming in right now around prioritizing targets. I'm guessing I'm thinking that, that might mean prioritizing the different groups or the different problems or



issue areas that are arising through the assessment process. To figure out which ones are of greatest impact or import in your community. If I'm misinterpreting that, please feel free to write a little bit more in case I'm going down the wrong path. Grant writing techniques sounds like it would be of use. Then also some building in some training around conflict resolution or managing conflict maybe within groups. These are great ideas. We're going to definitely take note of these as well as another answer that's coming around evaluating programs without doing surveys. So some more around evaluation and then also engagement of volunteers, so something a little more specific to how you can effectively engage the volunteers that you need to work with. Thanks for sharing this.

Jessica:

This won't be the only opportunity. There will be other opportunities for you to provide feedback for us and give us some thoughts about what would be of most use. So thank you very, very much. Now I'll just move us on to wind down the webinar. Here is our contact information. Please do feel free to let us know if you have any questions. After today's webinar we'll be sharing out the recording and the materials from the presentation after the fact, so keep your eyes out for those. Don't hesitate to reach out. There's no wrong door here at the PTTC. If you want to connect with any of us, including Cory specifically around your mapping questions, we want to really encourage you to do that.

Jessica:

Finally, we're going to ask you to please take a few moment to share your feedback with us about today's webinar. This is, again, one of our first webinar series as a PTTC. We'd love to hear from you what you thought worked well, what we can do differently to improve our webinars in the future. So if you could please take a few minutes. We're going to end a few minutes early, I think. I hope. Maybe my clock is wrong, but take a few minutes to fill out the short evaluation. We take the feedback very seriously. We'll be sure to incorporate it into our events moving forward. I just want to say thank you to my co-presenters, Cory and Shai, to our colleagues on the backend that have made the webinar possible, to all of you for your time and your participation and the experience and insight that you've brought to today's topic. We can't thank you enough for that. Hope to see you again on another webinar series soon. Take care, and I hope you have a great-