Community Readiness Report
for Climate Smart Missoula

The Health Effects of Wildfire Smoke On Sensitive Groups and Missoula, MT Community Readiness Assessment

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Executive Summary

Climate Smart Missoula partnered with the City of Missoula and others to address wildfire smoke and heat risks in our community. As part of this effort and via Rachel Gooen with Fifth House Consulting, Climate Smart Missoula completed a Community Readiness Assessment (CRA) to determine Missoula's readiness to address the health impacts of wildfire smoke on sensitive groups. The Community Readiness Model is a tool which helps communities assess their level of readiness to address a particular issue and implement actions to increase readiness levels. The model defines stages of readiness from the lowest (1 = no awareness about the issue) to the highest (9 = high level of community ownership). Understanding a community's level of readiness can help identify the most effective actions to successfully address the issue at hand.

The CRA team interviewed seven community leaders representing Health, Education, Business, Recreation, First Responders, and Local Government sectors. Based on participant responses, the CRA team assigned scores which correspond with the stages of readiness defined in the Community Readiness Model.

Missoula's overall community readiness score was 2.98. This score indicates that most respondents feel *there is local concern about the issue of health impacts related to wildfire smoke, but no immediate motivation to do anything about it*. At this stage of readiness, some community members have heard about local efforts to address this issue, but know little about these efforts or the issue itself. The following quote illustrates this level of readiness:

> *"… Many people don't have a sense of what their options are, of what they truly can do. People feel, to a certain extent, stuck… life doesn't come to a stop … I think that people would probably say that they do need to know more about the different health impacts about these levels of air quality. However, knowing about the health impacts, and having alternatives as far as what to do to keep going about your regular life -- there's a solutions gap there."*

The overall readiness score was an average of the scores of four dimensions of community readiness:

- **Community Knowledge of Efforts – 3.43 (Vague Awareness).** *At least some community members are vaguely aware that efforts exist, having heard of them, but little else.*
- **Leadership – 3.0 (Vague Awareness).** *Community leaders believe this issue may be a concern in the community, but it may not be seen as a priority. Leadership shows no immediate motivation to act.*
- **Community Climate – 2.79 (Denial/Resistance).** *Community members believe the issue may be a concern in general, but believe that it is not a concern in this community. Or, community members believe this issue may be a concern in the community, but don't think it can or should be addressed.*
- **Community Knowledge of the Issue – 2.71 (Denial/Resistance).** *Only a few community members have any knowledge about the issue. Among many community members, there are misconceptions about the issue.*

These community readiness scores and stages offer insight into priorities for increasing overall community readiness to address the effects of wildfire smoke on sensitive groups. Community knowledge about efforts to address this issue is the highest of the dimensions, whereas community knowledge about the specific issue itself is lowest. At this stage of readiness, focusing on the personal benefits of addressing the health effects of wildfire smoke may be an effective way to increase community knowledge about the issue.

Community Readiness Report for Climate Smart Missoula

About the Community Readiness Model

The Community Readiness Model was developed at the Tri-Ethnic Center for Prevention Research at Colorado State University to help communities assess their level of readiness to address a particular issue and to develop and implement actions to increase readiness levels. The Community Readiness Model defines nine stages of readiness:
1. No awareness
2. Denial/resistance
3. Vague awareness
4. Preplanning
5. Preparation
6. Initiation
7. Stabilization
8. Confirmation/Expansion
9. High Level of Community Ownership

See Appendix C for a brief explanation of these stages.

Researchers at the Tri-Ethnic Center for Prevention Research (Oetting et al., 1995) studied The Transtheoretical Model of Behavior Change (Prochaska and DiClemente, 1992), also called the Stages of Change Model. Their research showed how communities are a lot like individuals in the sense that they both predictably move through sequential stages before they are ready to make changes. While an individual would change specific behaviors, the translation for a community would be their readiness to accept actions needed to address an issue such as programs, interventions, and educational campaigns.

Communities, similar to individuals, can be at different levels of readiness to address issues and make changes. Also similar to individuals, matching actions that are appropriate to their level of readiness helps communities move forward with successfully addressing an issue. Consequently, if a community is not ready to address an issue, and the action is not matched appropriately, failure or frustration is likely. For example, the community may deny there is a problem, and thus efforts to implement programs will be met with resistance or even hostility. Or, the community may acknowledge there is an issue, but may not understand it, resulting in community indifference towards developing and delivering interventions. Additionally, community leaders may not be willing to provide resources to effectively implement new programs or activities. In summary, if a community is not ready, efforts to address an issue will be unsuccessful. (E. R. Oetting et al., 2014)

Definitions of Health Impacts of Wildfire Smoke on Sensitive Groups and Chosen Geography

Climate Smart Missoula, the City of Missoula, and others have partnered to develop and strengthen networks to address community and individual responses to fire, smoke, and heat risks.

Recently, Climate Smart Missoula executed a Community Readiness Assessment (CRA) to determine Missoula's readiness to address health effects of smoke on sensitive groups in order to measure how the community will accept the Summer Smart prevention program. More specifically, the CRA focused on how children, the elderly, pregnant women, and people with heart or respiratory conditions are affected by

wildfire smoke in the Missoula region (defined as East Missoula to the Wye (??) and the Rattlesnake Wilderness to the South Hills).

Explanation of Tool and Methods

The CRA consists of 36 questions assessing five dimensions of readiness:
1. Community knowledge of the efforts.
2. Leadership.
3. Community climate.
4. Community knowledge of the issue.
5. *Resources.*

The CRA is flexible to a community's needs. Therefore, it is not required to ask all 36 questions or inquire about all five dimensions. Climate Smart Missoula's questionnaire was comprised of 23 questions and focused on four dimensions of readiness: community knowledge of the efforts, leadership, community climate, and community knowledge of the issue. The interview questions are included in Appendix A.

Steps to assess community readiness included the following:

1. Identify and clearly define issue.
2. Identify and clearly define and delineate the community.
3. Prepare interview questions.
4. Choose key respondents.
5. Conduct and transcribe interviews.
6. Score the interviews.
7. Calculate average dimension scores.

The CRA team conducted phone interviews with seven community leaders representing Health, Education, Business, Recreation, First Responders, and Local Government sectors. The CRA team then transcribed and independently scored the interviews using anchored rating scales of readiness. Scores, ranging from one to nine, were assigned to each of the four dimensions.

The key questions for each dimension are as follows:

Community Knowledge of Efforts
How much does the community know about current programs and activities?
Leadership
What is leadership's attitude toward addressing the issue?
Community Climate
What is the community's attitude toward addressing the issue?
Community Knowledge of the Issue
How much does the community know about the issue?

For each dimension, anchored rating scales represent the lowest stage/level of readiness (1 = *no awareness*) to the highest stage/level of readiness (9 = *high level of community ownership*). The scorers completed their independent scoring and then met to reach consensus on differing scores. After reaching consensus, the team totaled the scores, and calculated Missoula's stage of readiness.

Based on key respondent interviews, the CRA team assigned a level of readiness, ranging from one to nine, to each dimension. Actions for increasing Missoula's readiness were then matched to the community readiness score. The dimensions with the lowest levels of readiness indicate where outreach and education efforts are most needed to achieve program success.

Community Readiness Scores

Overall Community Readiness Score: *2.98/3.0 Vague Awareness*

Most feel that there is a local concern, but there is no immediate motivation to do anything about it.

Since the overall average score is .02 away from a 3.0, this issue was scored at Stage 3. Scores ranged from 2.71 – 3.43 and details are included in the results below. It is recommended that steps for both Stage 2 and 3 are implemented.

Statements that are often true for communities in this stage include the following:
- A few community members have at least heard about local efforts, but know little about them.
- Leadership and community members believe that this issue may be a concern in the community. They show no immediate motivation to act.
- Community members have only vague knowledge about the issue (e.g. they have some awareness that the issue can be problem and why it may occur).

"Something should probably be done, but what? Maybe someone else will work on this."

Scores and Readiness Levels

Readiness to Address Health Effects of Smoke on Sensitive Groups			
Dimension	**Average Score**	**Readiness Stage**	**Description**
A. Knowledge of Efforts	3.43	Vague Awareness	At least some community members are vaguely aware that efforts exist, having heard of them, but little else.
B. Leadership	3.00	Vague Awareness	Leadership believes that this issue may be a concern in the community. It may not be seen as a priority. They show no immediate motivation to act.
C. Community Climate	2.79	Denial/ Resistance	Community members believe that the issue may be a concern, in general, but believe that it is not a concern in this community. **OR** Community members believe that this issue may be a concern in the community, but don't think it can or should be addressed.
D. Knowledge of Issue	2.71	Denial/ Resistance	Only a few community members have any knowledge about the issue. Among many community members, there are misconceptions about the issue.
Overall CRA Score	**2.98/3.0**	**Vague Awareness**	**Most feel that there is a local concern, but there is no immediate motivation to do anything about it.**

Individual Interview Scores

Dimensions	#1	#2	#3	#4	#5	#6	#7	CRA Score
Knowledge of Efforts	4	3	3	4	3	4	3	3.43
Leadership	3	2.5	3	3.5	2.5	3.5	3	3.00
Community Climate	3	3	2.5	3	2	2.5	3.5	2.79
Knowledge of Issue	2.5	2	3.5	3.5	2.5	2.5	2.5	2.71
						Overall CRA Score		2.98

The score for **Knowledge of Efforts** is greater than other dimensions, indicating that significant efforts addressing effects of wildfire smoke on sensitive groups exist in Missoula. The score for **Knowledge of the Issue** was the lowest, which means that although efforts and programs are successful, Missoula is not particularly knowledgeable about the effects of wildfire smoke.

Comments about the Priority for the Community

Key informants believe this issue to be a moderate priority for Missoula due to the sporadic nature of wildfires from year to year and proximity to someone in a sensitive category. If community members are not personally affected by wildfire smoke, they tend to be unaware of impacts on children, the elderly, pregnant women, and people with heart or respiratory conditions. One key informant reported:

> *"There is community awareness of the impacts on sensitive groups but not complete understanding or any action behind that awareness."*

Dimensions of Readiness

>   A. *Community Knowledge of the Efforts: To what extent do community members know about local efforts and their purpose and effectiveness?*

Score: 3.43

This score is in the "Vague Awareness" stage. In general, a score in the Vague Awareness stage for this dimension means: At least some community members are vaguely aware that efforts exist, having heard of them, but little else.

Findings from interviews:
Key informants report the following as known efforts in Missoula.

- Air alerts and health notices or advisements that come from the health department.
- Free fare on bad smoke days. Mountain Line bus is currently free all the time.
- City parks open indoor aquatics facilities with special hours or reduced fees on extended challenging air quality days.
- Health facilities provide masks and other services.
- State of Montana Fire Ready effort.
- Schools send notifications through text messaging, voice mail, and automatic voice mail calls to warn that practice is going to be cancelled or that kids are going to be kept inside today instead of going out for recess.

Most informants did not name all of these efforts, but they consistently named Air Alerts as an effort.

>   *"Aside from the air quality announcements that recommend those people stay indoors during certain stages of air quality I'm not aware of any other real efforts."*

Another key informant stated the following:

>   *"There are probably pieces of the efforts that I am not aware of, and so, that probably is true for others including others who could benefit from said efforts. **So awareness is an obstacle**. Access, some people who fall into the sensitive groups category, well nearly all of them, children, the elderly and those with severe cardio or respiratory issues may have mobility problems that disallow them from getting to places where they could learn more information. And then depending on what the recommendations are for those sensitive groups it may be a matter of finances to get whatever could help them. Also, there's probably a sliver of elderly and those with heart and respiratory issues who work outside and don't have an opportunity to get away from smoke."*

Many Key Informants noted that there is an effort to inform people about the issue, but they were unsure if there are efforts to provide solutions. There was interest in how Missoula can do more to provide indoor play space, or a way of helping people with things such as filtration on older buildings, so that outdoor air quality didn't affect indoor air quality.

Key Informants believe the biggest obstacles for community members learning about efforts was access to media. Many noted not having access to technology such as the Internet or a smart phone as an obstacle due to financial capacity.

B. Leadership: To what extent are appointed leaders and influential community members supportive of the issue?

Score: 3.00

This score is in the "Vague Awareness" stage. In general, a score in the Vague Awareness stage for this dimension means: Leadership believes that this issue may be a concern in the community. It may not be seen as a priority. They show no immediate motivation to act.

Findings from interviews:
This score may seem at odds with the reality that the Summer Smart program is sponsored in partnership with the City of Missoula and supported by the Mayor of Missoula. Comments from Key Informants explain this discrepancy.

Key Informants reported that community members believe the following about this issue being a priority to leaders.
1. This is a priority to leaders, but the public isn't aware about what programs leadership has created that show investment in this issue.
2. Public perception is that there's not a lot the leadership in Missoula can do to mitigate the air quality from wildfires. Since wildfires tend to be put in a category of natural-type disasters.
3. The public has not heard of any resolutions or proposals/legislation from the city council/the mayor's office for example. They are unaware of any creative solutions or campaigns coming from the civic groups. There is a lack of knowledge whether any leadership entity has taken this on.
4. There is a great deal of consternation at times about what efforts might cost and where that money might come from.

C. Community Climate: What is the prevailing attitude of the community toward the issue?

Score: 2.79

This score is in the "Denial/Resistance" stage. In general, for this dimension, a score in this stage means: Community members believe that the issue may be a concern, in general, but believe that it is not a concern in this community, or community members believe that this issue may be a concern in the community, but don't think it can or should be addressed.

Findings from interviews:
Key Informants commented that community members do see air quality from wildfire smoke as a problem for sensitive groups. The difficulty comes in the complexity of the problem. Many Key Informants mentioned how people believe that wildfire smoke will be a constant in the foreseeable future, which feels like an unsolvable problem. Therefore, people have a hard time putting their support behind efforts to address the issue.

Obstacles noted by Key Informants:
- Money and people's views on using taxes.
- Lack of understanding of the impacts on those sensitive groups.
- The sheer volume of concerns and issues in Missoula block this issue from being known.

- There is little knowledge of the number of people that are impacted
- Lack of data of the actual studies showing the effects on health.
- Community members do not see how it impacts their life.

Misconceptions of the issue noted by Key Informants:
One Key Informant stated that this issue is a public health issue, but that community members see the problems from a personal level of, "How does this impact me?" Since not everyone is negatively affected by wildfire smoke, there is a general opinion from Key Informants that community members believe, "This is not my problem." One Key Informant shared the following about misconceptions:

"There are probably misconceptions in community members about why it happens, the consequences, frequency and number, but that the two biggest areas that I see misconceptions are "signs and symptoms" and "what can be done". Because the others I think are generally well addressed in the awareness campaigns that I've heard of personally and from others in our community."

D. Community Knowledge About the Issue

To what extent do community members know about the causes and consequences of the problem?

Score: 2.71

This score is in the "Denial/Resistance" stage. In general for this dimension, a score in this stage means: Only a few community members have any knowledge about the issue. Among many community members, there are misconceptions about the issue.

Findings from interviews:
When Key Informants were asked whether community members know nothing, a little, some, or a lot about the health effects of wildfire smoke on sensitive groups, three said "a little" and four said "some". Key Informants believed that community members had misconceptions that **"the smoke is not harmful because it's just wood smoke"** and reported community members lack knowledge about particulates in the smoke that cause harm.

> *"I think a misconception is that somebody has to be fairly medically fragile to be impacted. I think that leads people to believe that the recommendations don't really apply to them and so they go about life as usual.* **I think that people don't necessarily have a sense of where the line is between unhealthy and truly hazardous** *and what the cumulative effect of what unhealthy is and how that relates to hazardous."*

Here are two direct quotes from Key Informants that articulate these misconceptions:
 AND

*"I think the misconceptions would just be that they don't know how severe it is, or like you were saying they don't know the symptoms – so to be able to help family members or friends, **maybe one of the misconceptions is they think it's not as big a deal as it really is.**"*

Key Informants share what messages they believe would help move this issue forward into action steps that can make change:

*"Well, again it's difficult, because many people don't have a sense of what their options are, of what they truly can do. People feel, to a certain extent, stuck, you know, life doesn't come to a stop. Children still need to have access to physical play, these are real needs in people's days and so yes, I believe that people do need to know more - **I think that people would probably say that they do need to know more about the different health impacts about these levels of air quality**. However, knowing about the health impacts, and having alternatives as far as what to do to keep going about your regular life - there's a solutions gap there."*

AND

"I suspect the general public would want more education of people in leadership roles and helping them to understand how every organization, every agency can have some role in the effects of air quality in sensitive groups by how they manage a typical day and what they do to encourage certain behaviors for sensitive groups to improve the situation. And also, those who are not sensitive, educating them to inform them that this was just another health related issue like any other and it doesn't have any stigma or connotation. "

Actions for Increasing the Readiness Levels

In determining actions for increasing community readiness, it is generally best to focus on dimensions with the lowest scores. The dimension with the lowest score is ***Knowledge of the Issue.***

Taking advantage of those areas with the highest scores can often help raise the lower scores. The dimensions with the highest scores are ***Community Knowledge of Efforts*** and ***Leadership.*** For example, those already involved in efforts, and the leaders of those efforts, could be used as resources to improve Missoula's knowledge of the issue.

Providing Missoula residents with general information about the health effects of wildfire smoke on sensitive groups may fall on an unreceptive audience—at the present time. Actions that initially focus on the personal benefits of addressing the health effects of wildfire smoke are more likely to be successful. For example, disseminating personal stories of friends and family affected by wildfire smoke could be effective in increasing knowledge and improving the community climate toward this issue.

The following are actions recommended by the Community Readiness Model often appropriate for communities in the first three stages of readiness. The actions are cumulative; that is, the actions appropriate at stage 3 include all of those in the lower stages.

Stage 1: No Awareness
- One-on-one visits with community leaders and members. Pay particular attention to the details of these visits (message, communicator, etc.)
- Visit existing and established unrelated small groups to inform them of the issue.
- Get individuals in your social network excited and solicit their support – be creative! Give them ideas and information that they can post on their Facebook page or other outlets.
- Collect stories of local people who have been affected by this issue in this community and find creative ways to disseminate these.
- Conduct an environmental scan to identify the community's strengths, weaknesses, opportunities, and threats.

Stage 2: Denial/Resistance
- Continue actions from previous stage.
- Put information in bulletins, club newsletters, respected publications, Facebook, etc.
- Distribute media articles that highlight issue in the community.
- Communicate strategically with influencers and opinion leaders.

Stage 3: Vague Awareness
- Continue actions from previous stages.
- Present information at local community events and unrelated community groups. Don't rely on just facts. Use visuals and stories. Make your message "sticky".
- Post flyers, posters, and billboards.
- Begin to initiate your own events (e.g., potlucks) to present information on this issue. But they must be fun or have other benefits to potential attendees.
- Publish editorials and articles in newspapers and on other media with general information but always relate the information to the local situation.

Appendix A: Interview Questions for Climate Smart Missoula

Community Readiness Interview Questions

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

   On a scale from 1-10, how much of a concern are health impacts of wildfire smoke on sensitive groups to members of the Missoula Area, with 1 being "not a concern at all" and 10 being "a very great concern"? (Scorer note: Community Climate)

   Can you tell me why you think it's at that level?

   Interviewer: Please ensure that the respondent answers this question in regards to community members not in regards to themselves or what they think it should be.

   *Sensitive groups defined as "children and the elderly, pregnant women, as well as people with heart or respiratory conditions"

Community Knowledge of Efforts

I'm going to ask you about current community efforts to address health impacts of wildfire smoke on sensitive groups. By efforts, I mean any programs, activities, or services in your community that address health impacts of wildfire smoke on sensitive groups.

2. Are there efforts in the Missoula area that address health impacts of wildfire smoke on sensitive groups?

   If Yes, continue to question 3; if No, skip to question 10.

3. Can you briefly describe each of these?

   Interviewer: Write down names of efforts so that you can refer to them in #4-5 below.

4. About how many community members are aware of each of the following aspects of the efforts - none, a few, some, many, or most?

   · Have heard of efforts?
   · Can name efforts?
   · Know the purpose of the efforts?
   · Know who the efforts are for?
   · Know how the efforts work (e.g. activities or how they're implemented)?
   · Know the effectiveness of the efforts?

5. Thinking back to your answers, why do you think members of your community have this amount of knowledge?

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

7. How do community members learn about the current efforts?

8. Do community members view current efforts as successful?

    Probe: What do community members like about these programs?
               What don't they like?

9. What are the obstacles to individuals participating in these efforts?

Only ask #10 if the respondent answered "No" to #2 or was unsure.

10. Is anyone in the Missoula area trying to get something started to address health impacts of wildfire smoke on sensitive groups? Can you tell me about that?

Leadership

I'm going to ask you how the leadership in the Missoula area perceives the health impacts of wildfire smoke on sensitive groups. 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.

11. Using a scale from 1-10, how much of a concern is health impacts of wildfire smoke on sensitive groups to the leadership of the Missoula area, with 1 being "not a concern at all" and 10 being "a very great concern"?

    Can you tell me why you say it's a _____?

12. How much of a priority is addressing the health impacts of wildfire smoke on sensitive groups to leadership?

    Can you explain why you say this?

13. I'm going to read a list of ways that community leaders might show their support or their lack of support for community efforts to address the health impacts of wildfire smoke on sensitive groups. Feel free to explain your responses as we move through the list.

    Using the rating scale of: none a few, some, many or most, can you please tell me whether community leaders would show or do show their support in the following ways?

    How many community leaders…
    · Speak out publicly in favor of efforts, for example at council meetings or in the media?
    · Participate in developing, improving or implementing efforts, for example by attending committee or group meetings that are working toward these efforts?
    · Play a key role as a leader or driving force in planning, developing or implementing efforts?
    · Silently support efforts without being active in that support?

    ·   Support allocating resources to fund community efforts?

    ·   Play a key role in ensuring the long-term viability of community efforts?

    ·   Actively oppose community efforts, for example, by speaking out against them?

    ·   Silently oppose community efforts?

14.   Would the leadership support expanded efforts in the community to address the health impacts of wildfire smoke on sensitive groups?

    If yes: How might 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?

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.

15.   How much of a priority is addressing this issue to community members?

    Can you explain your answer?

16.   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 the health impacts of wildfire smoke on sensitive groups. Feel free to explain your responses as we move through the list.

    Using the rating scale of: none, a few, some, many or most, can you please tell me whether community members would show or do show their support in the following ways?

    How many community members…
    ·   Silently or passively support community efforts without being active in that support?
    ·   Speak out publicly in favor of community efforts?
    ·   Volunteer for community efforts?
    ·   Participate in developing, improving or implementing efforts, for example by attending committee or group meetings that are working toward these efforts?
    ·   Are willing to pay more in taxes to help fund community efforts?
    ·   Donate money to help fund efforts?
    ·   Actively oppose community efforts, for example, by speaking out against them?
    ·   Silently oppose community efforts?

17.   About how many community members would support expanding efforts in the community to address the health impacts of wildfire smoke on sensitive groups? Would you say none, a few, some, many or most?

    If more: How might they show this support? For example, by passively than none: supporting or by being actively involved in developing the efforts?

18.   What are the primary obstacles to addressing the health impacts of wildfire smoke on sensitive groups in the community?

Knowledge About the Issue

19.   Would you say that community members know nothing, a little, some or a lot about each of the following as they pertain to health impacts of wildfire smoke on sensitive groups? (After each item, have them answer.)
   - health impacts of wildfire smoke on sensitive groups, in general (Prompt as needed with "nothing, a little, some or a lot".)
   - the signs and symptoms
   - what about wildfire smoke causes health impacts of wildfire smoke on sensitive groups
   - the consequences
   - how much do the effects of the health impacts of wildfire smoke on sensitive groups occurs locally (or the number of people living with the effects of the health impacts of wildfire smoke in your community)
   - what can be done to prevent or treat health impacts of wildfire smoke on sensitive groups

20.   What are the misconceptions among community members about health impacts of wildfire smoke on sensitive groups, e.g., why it occurs, how much it occurs locally, or what the consequences are?

21.   What type of information is available in the Missoula area about the health impacts of wildfire smoke on sensitive groups (e.g. newspaper articles, brochures, posters)?

   If they list information, ask: Do community members access and/or use this information?

Additional policy-related questions:

22.   What formal or informal policies, practices and laws related to this issue are in place in your community? (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.)

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

Appendix B: Rating Scales Used for Scoring

Dimension A: Community Knowledge of Current Efforts

Note: If there are no efforts, this dimension receives a N/A (not applicable). Those directly involved in local efforts are not included in the definition of "community members".

1   Community has no knowledge about local efforts addressing the issue.

2   Community members have misconceptions or incorrect knowledge about current efforts.

3   A few community members have at least heard about local efforts, but know little about them. For example, they know local efforts exist and may recognize their names, but they have little other knowledge.

4   Some community members have at least heard about local efforts, but know little about them. For example, they know local efforts exist and may recognize their names, but they have little other knowledge.

5   Most community members have at least heard about local efforts. For example, they know local efforts exist and may recognize their names, but they have little other knowledge.

6   Most community members have at least basic knowledge of local efforts. For example, they can identify specific efforts and their basic purposes.

7   Most community members have more than basic knowledge of local efforts, including names of specific efforts, basic purposes, target audiences, and other specific information about the efforts.

8   Most community members have considerable knowledge of local efforts, including the level of program effectiveness.

9   Most community members have considerable and detailed knowledge of local efforts, including the level of program effectiveness and evaluation data on how well the different local efforts are working and their benefits and limitations.

Dimension B: Leadership (includes elected and appointed leaders & influential community members)

1   Leadership believes that the issue is not a concern.

2   Leadership believes that this issue is a concern, in general, but believes that it is not a concern in this community.
OR
Leadership believes that this issue is a concern in this community, but doesn't think it can or should be addressed.

3   Leadership believes that this issue may be a concern in the community. They show no immediate motivation to act. It may not be seen as a priority.

4   Leadership acknowledges that this issue is a concern in the community and that some type of effort is needed to address it. They may be supportive of current efforts. They are not involved in work to develop, evaluate, or improve efforts.

5   Leadership is actively supportive of continuing or improving current efforts or in developing new efforts (possibly attending committee or group meetings that are working toward these efforts). They are not key players or driving forces in these activities.

6   Leadership plays a key role in planning, developing and/or implementing new, modified, or increased efforts, possibly as key players in groups or committees, as public proponents, and/or as driving forces behind these activities.

7   Leadership is actively involved in ensuring or improving the long-term viability of the efforts to address this issue.

8   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   Leadership is continually reviewing evaluation results of the efforts and is modifying financial support accordingly.

Dimension C: Community Climate

Those directly involved in local efforts are not included in the definition of "community members".

1   The community believes that the issue is not a concern.

2   The community believes that this issue is a concern, in general, but believes that it is not a concern in this community.
OR
The community believes that this issue is in this community, but doesn't think it can or should be addressed.

3   The community believes that this issue may be a concern in the community. They show no immediate motivation to act. It may not be seen as a priority.

4   The community acknowledges that this issue is a concern in the community and that some type of effort is needed to address it. They may be passively supportive of current efforts. They may feel as if current efforts are sufficient to address the issue.

5   The attitude in the community is "We are concerned about this and we want to do something about it". They may believe that current efforts are not sufficient to address the issue or that current efforts should be improved.

6   The attitude in the community is "This is our responsibility", and some community members are involved in addressing the issue through planning, developing and/or implementing new, modified, or increased efforts.

7   The attitude in the community is "We have taken responsibility". There is ongoing community involvement in addressing the issue.

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   Most major segments of the community are highly supportive. Community members are actively involved in evaluating and improving efforts and they demand accountability.

Dimension D: Community Knowledge about the Issue

Those directly involved in local efforts are not included in the definition of "community members".

1   Community members have no knowledge about the issue.

2   Only a few community members have knowledge about the issue. There may be many misconceptions among community members about the issue, how and where it occurs, and why it needs addressing. There may be little knowledge among community members about its occurrence locally or why it may be a problem locally.

3   Community members have only vague knowledge about the issue (e.g. they have some awareness that the issue can be problem and why it may occur). Among some community members, there may be misconceptions about the issue, how and where it occurs, and why it needs addressing.

4   Community members have limited knowledge about the issue. For example, they have some awareness that the issue can be problem and they know some limited information about causes, consequences, signs and symptoms. They may know that the issue occurs locally, but they may have little knowledge about how much it occurs locally and/or its causes and consequences.

5   Community members have basic knowledge about the issue. For example, they are aware of why the issue is a problem, and they have some basic knowledge about causes, consequences, signs and symptoms. They are aware that the issue occurs locally, but they may have little knowledge about how much it occurs locally and/or what can be done to address it.

6   Community members have basic knowledge about the issue. For example, they are aware of why the issue is a problem, and they have some basic knowledge about causes, consequences, signs and symptoms. They are aware that the issue occurs locally, and they have some knowledge about how much it occurs locally, its effect on the community, and/or what can be done to address it.

7   Community members have more than basic knowledge about the issue. For example, they understand the causes, consequences, signs and symptoms. They are aware that the issue occurs locally, and they have some knowledge about how much it occurs locally, its effect on the community, and/or what can be done to address it.

8   Community members have more than basic knowledge about the issue (e.g., they understand   the causes, consequences, signs and symptoms). They also have significant knowledge about local prevalence, its effect on the community, and/or what can be done to address it.

9   Community members have detailed knowledge about the issue, are aware of its effect on the community, and have significant knowledge about local prevalence.

Appendix C: Stages and Dimensions of Community Readiness

Stage	Description
1. No Awareness	Issue is not generally recognized by the community or leaders as a problem (or it may truly not be an issue).
2. Denial / Resistance	At least some community members recognize that it is a concern, but there is little recognition that it might be occurring locally.
3. Vague Awareness	Most feel that there is a local concern, but there is no immediate motivation 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 focused or detailed.
5. Preparation	Active leaders begin planning in earnest. Community offers modest support of efforts.
6. Initiation	Enough information is available to justify efforts. Activities are underway.
7. Stabilization	Activities are supported by administrators or community decision makers. Staff are trained and experienced.
8. Confirmation/ Expansion	Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtained.
9. High Level of Community Ownership	Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new directions. Model is applied to other issues.

Appendix D: Dimensions of Readiness

Dimensions of readiness are key factors that influence your community's preparedness to take action on an issue. 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.

A. **Community Efforts**: To what extent are there efforts, programs, and policies that address the issue?

B. **Community Knowledge of the 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?

C. **Leadership**: To what extent are appointed leaders and influential community members supportive of the issue?

D. **Community Climate**: What is the prevailing attitude of the community toward the issue? Is it one of helplessness or one of responsibility and empowerment?

E. **Community Knowledge about the Issue**: To what extent do community members know about the causes of the problem, consequences, and how it impacts your community?

F. **Resources Related to the Issue**: To what extent are local resources – people, time, money, space, etc. – available to support efforts?

Your community's status with respect to each of the dimensions forms the basis of the overall level of community readiness.

Appendix E: References

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