

ASSESSING COMMUNITY READINESS TO ENGAGE IN RECOVERY FRIENDLY WORKPLACE INITIATIVES

FAIRFIELD COUNTY



PREPARED BY:
FAIRFIELD COUNTY ADAMH BOARD

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Introduction

As a member of the COP-RCORP Master Consortium, Fairfield County is one of four communities funded by the Health Resources and Services Administration (HRSA) to engage in the Rural Communities Opioid Response Program–Behavioral Health Care Support (RCORP-BHS) grant. The RCORP-BHS program goals are to: (1) reduce structural and systems-level barriers to integrated substance use and behavioral health services; (2) support providers in offering quality, evidence-based behavioral health care services that can be sustained beyond the RCORP-BHS grant period; and (3) build community capacity to reduce community risk factors and to address social determinants of health that affect the behavioral health of residents. As part of Program Goal #3, consortium members elected to address economic stability as a social determinant of health by focusing on recovery friendly workplaces. To begin, coalitions determined it was necessary to understand the community’s readiness to engage in Recovery Friendly Workplace initiatives and then identify ways to develop community readiness to implement a Recovery Friendly Workplace initiative.

Fairfield County created a Community Readiness Assessment (CRA) team to conduct the assessment. Members of the CRA team for Fairfield County included:

- Miranda Gray, Program and Quality Manager, Fairfield County ADAMH Board
- Toni Ashton, Prevention and Community Manager, Fairfield County ADAMH Board
- Dawn Good, Clinical Care Coordinator, Fairfield County ADAMH Board
- Dylan Sander, Grant Manager, Fairfield County ADAMH Board

This report provides the results of the Fairfield County community readiness assessment and details how the community readiness assessment was conducted.

Community Readiness and Its Importance

Community readiness is the degree to which a community is willing and prepared to take action on an issue that affects the health and well-being of the community. Community readiness extends traditional resource-based views of how to address issues in communities by recognizing that efforts must have human, fiscal, and time resources, along with the *support* and *commitment* of its members and leaders. Community readiness is issue-specific, community-specific, and can change over time.

As prevention science has developed, prevention practitioners have realized that understanding a community’s level of readiness is key to selecting prevention programs, efforts, and strategies that fit the community and to realizing positive prevention outcomes. In addition, work by NIDA (1997) highlights that community readiness is a process and factors associated with it can be objectively assessed and systematically enhanced (National Institute on Drug Abuse, 1997).

Tri-Ethnic Community Readiness Model

The Tri-Ethnic Community Readiness Model (TE-CRM) is an innovative method for assessing the level of readiness of a community to develop and implement prevention and other intervention efforts. The TE-CRM was developed by researchers at the Tri-Ethnic Center for Prevention Research (Oetting, Donnermeyer, Plested, Edwards, Kelly, and Beauvais, 1995) to help communities be more successful in their efforts to address a variety of important issues, such as drug and alcohol use, HIV/AIDS prevention, intimate partner violence, obesity/nutrition, and other public health initiatives.

The TE-CRM measures five dimensions of community readiness:

- Community Knowledge of Efforts;
- Leadership;
- Community Climate;
- Knowledge about the Issue; and
- Resources Related to the Issue

The TE-CRM assesses the five dimensions of community readiness using nine stages; ranging from “no awareness” of the problem to “high level of community ownership” in response to the issue. Table 1 presents a complete list of the stages of community readiness and a brief example of each stage.

Table 1. Stages of Community Readiness

Stage	Description	Example
1	No awareness	“It’s just the way things are.”
2	Denial/resistance	“We can’t do anything about it.”
3	Vague awareness	“Something should be done, but what?”
4	Preplanning	“This is important—what can we do?”
5	Preparation	“We know what we want to do and we are getting ready.”
6	Initiation	“We are starting to do something.”
7	Stabilization	“We have support, are leading, and we think it is working.”
8	Confirmation/expansion	“Our efforts are working. How can we expand?”
9	Community ownership	“These efforts are part of the fabric of our community.”

A community can be at different stages of readiness on each of the five dimensions of community readiness. The TE-CRM process results in readiness scores for each of the dimensions. The readiness scores for each of the dimensions are then combined to create a final overall readiness score for the community on a particular issue. This overall score provides a snapshot of how willing the community is to address an issue. In addition, the readiness scores for the individual dimensions are useful for understanding more about community readiness around the issue and for identifying and developing strategies to increase readiness.

The Tri-Ethnic Community Readiness Assessment Process

The TE-CRM includes a six-step process for assessing community readiness to address an important issue. These steps include:

- 1) Identifying a problem of practice to focus the community readiness assessment
- 2) Defining the community. For this assessment, “community” was defined as Fairfield County.
- 3) Conducting and recording structured interviews with key respondents in the Fairfield County community.
- 4) Obtaining transcripts of the community readiness interview recordings.
- 5) Scoring the interviews and calculating overall and dimension-specific readiness scores.
- 6) Creating a report describing the community readiness assessment process and presenting the community’s readiness scores.

Selecting a Problem of Practice

Because community readiness is issue specific, communities must first identify a problem of practice to guide the community readiness process. To address economic stability as a component of the social determinants of health, COP-RCORP consortium members selected a common problem of practice – How ready is my community to engage in a comprehensive recovery friendly workplace initiative?

Key Informant Interviews

A key component of the TE-CRM is conducting interviews with 5-8 key informants in the community. Key informants are often individuals in the community who are knowledgeable about the community, but not necessarily leaders or decision-makers. Good key informants for community readiness interviews are community members who are involved in community affairs and who know what is going on—those with “big ears.” It is important to note that the purpose of the TE-CRM is to assess the readiness of the *community* and not the *individual* to address the problem of practice; as such, individuals with lived experience with the problem of practice often have difficulty balancing community perspectives with their own experiences. By using a cross section of individuals, a more complete and accurate measure of the level of readiness to address the problem of practice can be obtained. TE-CRM key informant interviews involve approximately 35-40 questions from a structured interview guide developed by the Tri-Ethnic Center that are adapted to the community and the issue being addressed. The TE-CRM interview guide is included in this report (see Appendix A). TE-CRM interviews are recorded so that a transcript can be created for the scoring process. Key informant interviews in Fairfield County were conducted between March and May 2024.

Scoring Community Readiness Interviews Using the TE-CRM

After interviews are complete, each interview is transcribed. The TE-CRM community readiness interview transcripts are scored individually by at least two scorers following specific guidance developed by the Tri-Ethnic Center. Each interview is scored on a scale from 1-9 (depending on the stage of readiness) on each of the five dimensions and an overall community score is calculated. Individual scorers then come together and agree on the scores of each dimension for each interview (called a “consensus score” in the TE-CRM). Scores are then averaged across interviews for each dimension, and the final community readiness score is the average across the five dimensions. This final score gives the overall stage of readiness for the community to address this issue.

Community Readiness Assessment Results

Fairfield County Problem Statement

How ready is Fairfield County to engage in a comprehensive Recovery Friendly Workplace initiative?

This problem statement is the focus of this Community Readiness Assessment.

Community Readiness Scores

Fairfield County conducted six community readiness interviews between March and May 2024. Table 2 summarizes the timeframe of when the interviews were conducted and the community sectors represented by the interview respondents.

Table 2. Interview Information

Interview	Date	Community Sector Represented
1	3/26/2024	Business
2	3/27/2024	Community Member
3	3/28/2024	Mental Health Professional
4	4/2/2026	City Government
5	4/16/2024	Community Leader
6	5/10/2024	Business

Fairfield County then scored the interviews using the individual and consensus scoring guidance from the TE-CRM. Table 3 is a summary of Fairfield County interview scores for each dimension.

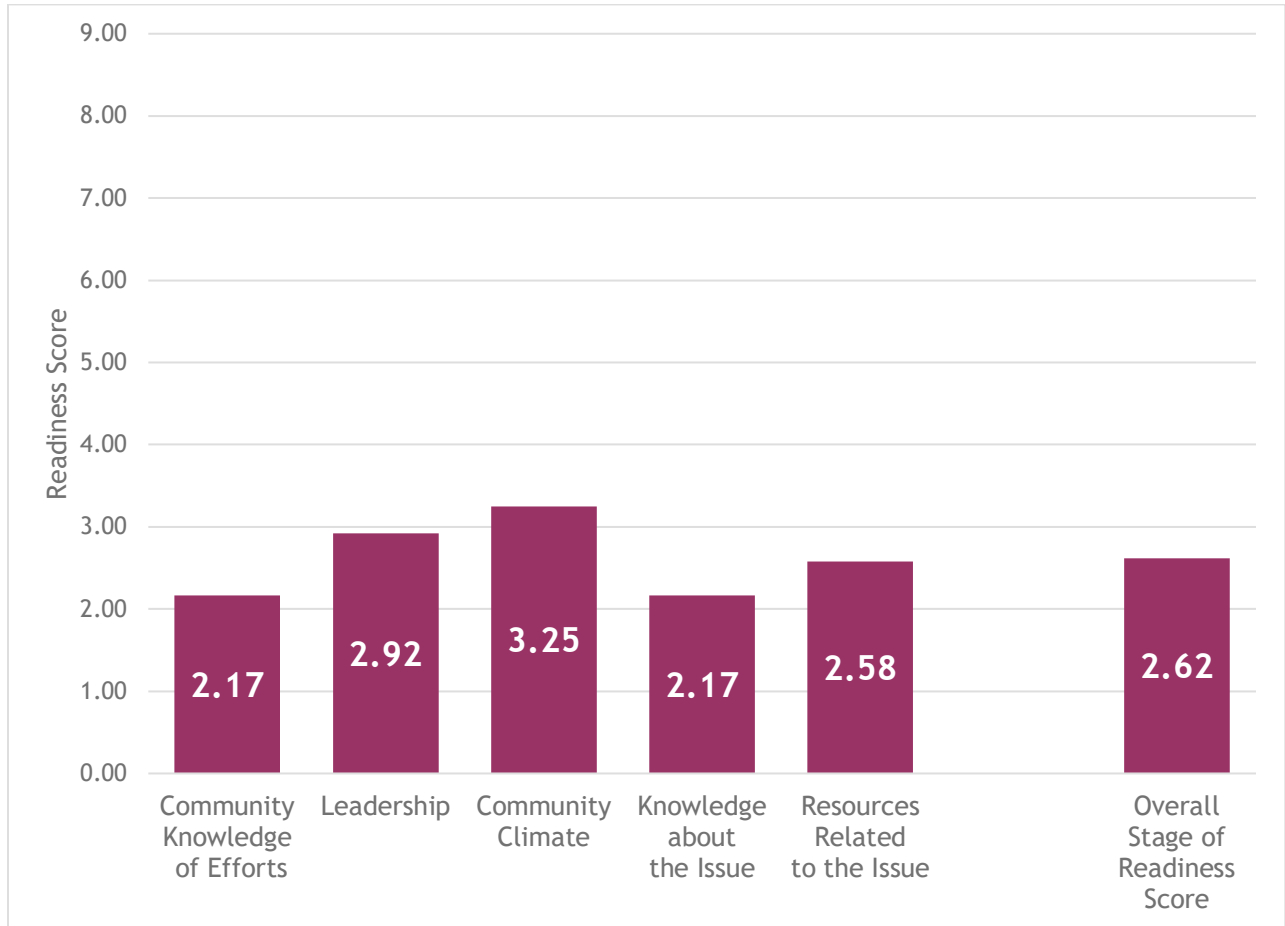
Table 3. Combined Interview Scores by Dimension

Dimension	Interview						Combined Score
	1	2	3	4	5	6	
<i>Community Knowledge of Efforts</i>	2	2	2.5	2	1.5	3	13
<i>Leadership</i>	2.5	3	3	3	3	3	17.5
<i>Community Climate</i>	3	3	3.5	4	3	3	19.5
<i>Knowledge about the Issue</i>	1	3	3	3	1.5	1.5	13
<i>Resources Related to the Issue</i>	2	3	3.5	2.5	1.5	3	15.5

Stage scores are calculated by taking combined score and dividing by the number of interviews conducted. The average overall Stage of Readiness is calculated by summing the stage scores and dividing by the 5 dimensions. Figure 1 displays the stage score for each dimension and the average overall stage of readiness. Please refer to Table 1 for an overview of the Stages of Community Readiness.

For Fairfield County, the Overall Stage of Readiness to engage in a comprehensive Recovery Friendly Workplace initiative is: 2.62. This score indicates that the community is in Stage 2: Denial/Resistance.

Figure 1. Calculated Stage Scores and Overall Community Readiness Score



Highlights from Interview Participants about Readiness to Engage in a Comprehensive Recovery Friendly Workplace Initiative

Quotes from interviewees in Table 4 are included to contextualize the Combined Scores presented in Table 3.

Table 4. Quotations from Interviewees

Community Knowledge of Efforts	“I think there are a lot of challenges and so much of this is just trying to throw something at the wall and see if it works. I think a lot of people are interested in helping put programs in place, but I don’t know that anybody knows the answer.”
Leadership	“I do believe that the Fairfield County Workforce Development Center has tried to be supportive. I don’t know that they’re promoting it but I feel that they’ve tried to be supportive. But other than that, I’m not sure of any other leadership throughout the county that has really taken this on as an initiative.”
Community Climate	“The community, in general, typically tries to be supportive of each other.” “Quick to action when it needs to be, but it’s definitely a community that works hard to see every perspective and every angle, but they’re definitely willing to work together towards the greater good.”
Knowledge about the Issue	“I think that there are a select few that may understand, but the community as a whole, not really.”
Resources Related to the Issue	“If they see a push for a certain initiative, we do seem to have a lot of volunteers that come to the forefront and want to learn. However, I think when it comes to money and space, we might be a harder push.”

Using Assessment Results to Develop Strategies to Build Readiness

With the information from this assessment, strategies can then be developed that will be appropriate for Fairfield County. The first step in determining possible strategies to build readiness is to look at the distribution of scores across the five readiness dimensions. Generally, to move ahead with programs, strategies, and interventions, community readiness levels should be similar on all five dimensions. If one or more dimensions have lower scores than the others, efforts should be focused on identifying and implementing strategies that will increase the community's readiness on that dimension (or those dimensions).

After reviewing results, Fairfield County ADAMH staff noted that there were two dimensions of the Assessment that had equally low values. These two categories were Community Knowledge of Efforts and Knowledge About the Issue. The majority of individuals interviewed in this process seemed to have little knowledge of any ongoing Recovery Friendly Workplace Initiatives, or believed the community was unaware of these initiatives. Interviewees also believed the community at large was unaware of Recovery Friendly Workplaces in general.

A key issue that emerged from these interviews was a lack of familiarity with the concept of Recovery Friendly Workplaces. Many interviewees seemed to lack knowledge of this form of program. Because most interviewees were not familiar with recovery friendly workplaces, they framed their answers around a general understanding of recovery and not directly on recovery friendly workplaces. This is a key reason why the two key categories of community knowledge of efforts and knowledge about the issue had the lowest scores.

Appendix A: TE-CRM Interview Guide

Script: Preparing the respondent for the interview

Please read to the interviewer prior to the start of the interview. You may have some “banter” and “greetings” before you get started. When you are ready to start, begin with this script.

This may be the first time you have been interviewed. Let me read a paragraph that tells a little bit about how it works. I will read this same paragraph at every interview.

You have been recommended as a community member that is knowledgeable about many of the activities and opinions within this community. We will be interviewing around five or six community members on the topic of Recovery Friendly Workplace initiatives in our community. I am going to read the questions exactly as they are worded so that I ask them the same way for every community member I talk with. I have a total of 39 questions to ask you and I would like you to respond to each one with whatever comes to your mind. From past experience, this interview should take about one hour. Typically, people enjoy talking about their communities and have a lot to say. Please listen carefully to each question and answer that question only. I will be recording this interview for the purpose of transcribing it. After it is transcribed, two people will score it according to a scale called the Community Readiness Model. This model has been used across the country with communities wishing to address some of the issues they see and would like to address. The only people who will see your responses are the transcriptionist and the scorers. Your name will not be used and when the scores are presented to be discussed, they will be anonymous. I cannot agree or disagree with anything you say. Please do not use anything I may say or gesture to influence your answers.

Do you have any questions before we start?

**Community Readiness Interview Questions
Recovery Friendly Workplace Initiatives**

REMINDER: Where you see “(community),” please make sure to insert the name of the county or community you are focusing on.

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 interest is there in Recovery Friendly Workplace initiatives to members of (community), 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 regard to community members NOT in regards to themselves or what they think it should be.

COMMUNITY KNOWLEDGE OF EFFORTS

I’m going to ask you about current Recovery Friendly Workplace Initiatives efforts in our community. By efforts, I mean any programs, activities, or services in your community related to Recovery Friendly Workplaces.

2. Are there any Recovery Friendly Workplace Initiatives in (community) that you are aware of?

If Yes, continue to question 3; if No, skip to question 16.

3. Can you briefly describe the Recovery Friendly Workplace Initiatives taking place in the community?

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

4. How long have the Recovery Friendly Workplace Initiatives been going on? *Probe for each program/activity.*
5. Who do each of the Recovery Friendly Workplace Initiatives serve (e.g., a certain age group, ethnicity, etc.)?
6. About how many community members do you know are aware of each of the following aspects of the Recovery Friendly Workplace Initiatives. To keep it simple, for each question, please respond: none, a few, some, many, or most?
 - About how many community members have heard of the Recovery Friendly Workplace Initiatives? As a reminder, your response choices are none, a few, some, many, or most?
 - About how many community members can name the existing Recovery Friendly Workplace Initiatives? As a reminder, your response choices are none, a few, some, many, or most?

- About how many community members know the purpose of the Recovery Friendly Workplace Initiatives? As a reminder, your response choices are none, a few, some, many, or most?
 - About how many community members know who the Recovery Friendly Workplace Initiatives are for? As a reminder, your response choices are none, a few, some, many, or most?
 - About how many community members know how the Recovery Friendly Workplace Initiatives work (e.g. activities or how they're implemented)? As a reminder, your response choices are none, a few, some, many, or most?
 - About how many community members know the effectiveness of the Recovery Friendly Workplace Initiatives? As a reminder, your response choices are none, a few, some, many, or most?
7. Thinking back to your answers, why do you think members of your community have this amount of knowledge about Recovery Friendly Workplace Initiatives?
 8. Are there misconceptions or incorrect information among community members about the current Recovery Friendly Workplace Initiatives? *If yes:* What are these?
 9. How do community members learn about the current Recovery Friendly Workplace Initiatives?
 10. Do community members view current Recovery Friendly Workplace Initiatives as successful?
 - *Probe:* What do community members like about these programs? What don't they like?
 11. What are the obstacles to individuals participating in Recovery Friendly Workplace Initiatives?
 12. What are the strengths of the Recovery Friendly Workplace Initiatives?
 13. What are the weaknesses of the Recovery Friendly Workplace Initiatives?
 14. Are evaluation results being used to make changes in the Recovery Friendly Workplace Initiatives or to start new ones?
 15. What plans for additional efforts to engage in a comprehensive approach to Recovery Friendly Workplace Initiatives is going on in (community)?
- Only ask #16 if the respondent answered "No" to #2 or was unsure.***
16. Is anyone in (community) trying to get Recovery Friendly Workplace Initiatives started? Can you tell me about that?

LEADERSHIP

I'm going to ask you how the leadership in (community) perceives Recovery Friendly Workplace Initiatives. By leadership, we are referring to those who could affect the outcome of this issue and those who have influence in the community and/or who lead the community in helping it achieve its goals.

17. Using a scale from 1-10, how much of a concern is a comprehensive approach to Recovery Friendly Workplace Initiatives to the leadership of (community), 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 _____?

17a. How much of a priority is engaging in a comprehensive approach to recovery friendly workplace initiatives to leadership?

Can you explain why you say this?

18. I'm going to read a list of ways that leadership might show its support or lack of support for efforts to engage in a comprehensive approach to recovery friendly workplace initiatives.

Can you please tell me whether none, a few, some, many or most leaders would or do show support in this way? Also, feel free to explain your responses as we move through the list.

How many leaders...

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

19. Does the leadership in the community support expanded efforts in the community to engage in a comprehensive approach to recovery friendly workplace initiatives?

If yes: How do they show this support? For example, by passively supporting, by being involved in developing the efforts, or by being a driving force or key player in achieving these expanded efforts?

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

21. Are there leaders who might oppose engaging in a comprehensive approach to recovery friendly workplace initiatives? How do they show their opposition?

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.

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

Can you explain your answer?

23. I'm going to read a list of ways that community members might show their support or their lack of support for community efforts to engage in a comprehensive approach to recovery friendly workplace initiatives.

Can you please tell me whether none, a few, some, many or most community members would or do show their support in this way? Also, feel free to explain your responses as we move

through the list.

How many community members...

- At least passively support community efforts without being active in that support?
- Participate in developing, improving or implementing efforts, for example by attending group meetings that are working toward these efforts?
- Play a key role as a leader or driving force in planning, developing or implementing efforts? (prompt: How do they do that?)
- Are willing to pay more (for example, in taxes) to help fund community efforts?

24. About how many community members would support expanding efforts in the community to engage in a comprehensive approach to recovery friendly workplace initiatives? Would you say none, a few, some, many or most?

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

25. Are there community members who oppose or might oppose engaging in a comprehensive approach to recovery friendly workplace initiatives? How do or will they show their opposition?

26. Are there ever any circumstances in which members of (*community*), might think that comprehensive approaches to recovery friendly workplace initiatives should not be attempted? Please explain.

27. Describe (*community*).

KNOWLEDGE ABOUT THE ISSUE

28. On a scale of 1 to 10 where a 1 is no knowledge and a 10 is detailed knowledge, how much do community members know about engaging in a comprehensive approach to Recovery Friendly Workplace Initiatives?

Why do you say it's a ____?

29. Would you say that community members know nothing, a little, some or a lot about each of the following as they pertain to engaging in a comprehensive approach to recovery friendly workplace initiatives? (*After each item, have them answer.*)

- Recovery friendly workplace initiatives, in general (*Prompt as needed with "nothing, a little, some or a lot".*)
- The overall benefits of recovery friendly workplace initiatives
- The lower cost of time loss with recovery friendly workplace initiatives
- the consequences of employees with substance use disorder.
- how many employees are in recovery locally.

30. What are the misconceptions among community members about recovery friendly workplace initiatives, e.g., why it occurs, how much it occurs locally, or what the consequences are?

31. What type of information is available in (community) about recovery friendly workplace initiatives (e.g. newspaper articles, brochures, posters)?

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

RESOURCES FOR EFFORTS (*time, money, people, space, etc.*)

If there are efforts to address the issue locally, begin with question 32. If there are no efforts, go to question 33.

32. How are current efforts funded? Is this funding likely to continue into the future?

33. I'm now going to read you a list of resources that could be used to engage in a comprehensive approach to recovery friendly workplace initiatives in your community. For each of these, please indicate whether there is none, a little, some or a lot of that resource available in your community that could be used to address recovery friendly workplace initiatives?

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

34. Would community members and leadership support using these resources to address recovery friendly workplace initiatives? Please explain.

35. On a scale of 1 to 5, where 1 is no effort and 5 is a great effort, how much effort are community members and/or leadership putting into doing each of the following things to increase the resources going toward engaging in a comprehensive approach to recovery friendly workplace initiatives in your community?

- Seeking volunteers for current or future efforts to engage in a comprehensive approach to recovery friendly workplace initiatives in the community.
- Training community members to become experts.
- Recruiting experts to the community.

ADDITIONAL POLICY-RELATED QUESTIONS:

1. 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.)
2. Are there segments of the community for which these policies, practices and laws may not apply, for example, due to socioeconomic status, ethnicity, age?
3. Is there a need to expand these policies, practices and laws? If so, are there plans to expand them? Please explain.
4. How does the community view these policies, practices and laws?

DEMOGRAPHICS OF RESPONDENT (OPTIONAL)

1. Gender:
2. What is your work title? _____
3. What is your race or ethnicity?
___ Anglo ___ African American
___ Hispanic/Latino/Chicano ___ American Indian/Alaska Native
___ Asian/Pacific Islander ___ Other _____
4. What is your age range?
___ 19-24 ___ 25-34
___ 35-44 ___ 45-54
___ 55-64 ___ 65 and above
5. Do you live in (community)? YES NO If no: What community? _____
6. How long have you lived in your community? _____
7. Do you work in (community)? YES NO If no: What community? _____
5. Do you live in (community)? YES NO If no: What community? _____