

Assessing Community Readiness for Childhood Obesity Prevention



A CASE STUDY IN GEORGIA

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Objectives



- Describe the concept of community readiness
- Demonstrate the process for conducting a community readiness assessment
- Discuss the implications of the community readiness model for designing tailored community interventions

Community Readiness:

The capacity or ability of a community to take action against an issue.¹

Community Readiness Model:

- Developed by the Tri-ethnic Center for Prevention Research at Colorado State University.
- Used to “understand the process of community change and develop effective, culturally-appropriate, and community-specific strategies for prevention.”²
- The assessment process is made up of 7 steps:
 1. Identify issue
 2. Define target community
 3. Identify key informants
 4. Conduct interviews
 5. Score and determine readiness level
 6. Develop and implement strategies
 7. Create community change

1. Edwards, et al. Community readiness: research to practice. *Journal of Community Psychology*; 2000, 28(3), 291-307

2. Plested B, Edwards R, Jumper-Thurman P: Community readiness: a handbook for successful change. Fort Collins (CO): Tri-Ethnic Center for Prevention Research; 2006.

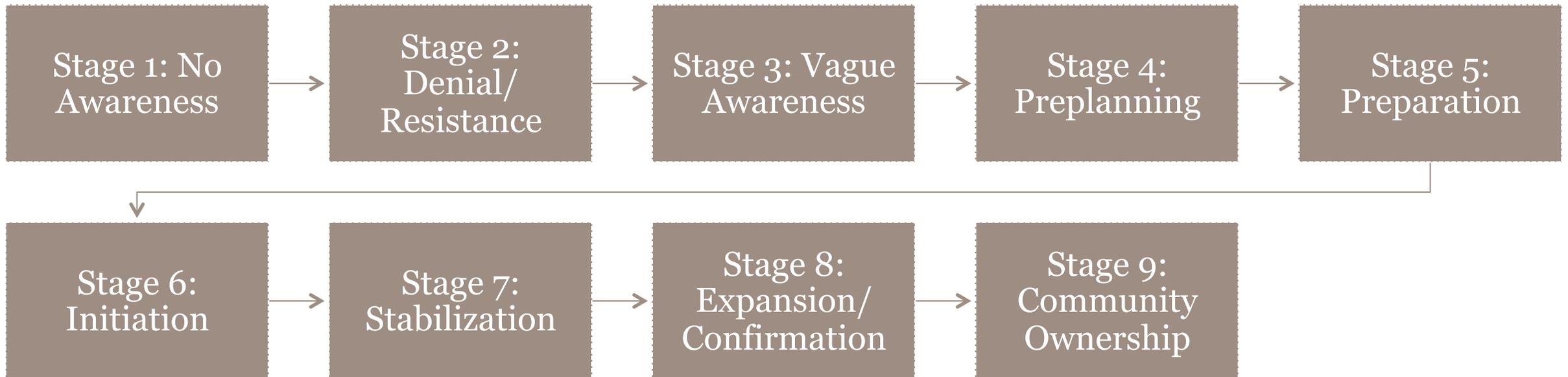
Community Readiness Model

The Six Dimensions of Community Readiness



Community Readiness Model:

- It defines 9 stages of readiness:



- The CRM allows the community to match an intervention with their level of readiness to maximize the chances for success.

Community Readiness Work at Georgia State University



2012

- Identification of coalitions working to address childhood obesity across the state (15 counties)
- Baseline assessments conducted in the 15 counties and findings shared with Healthcare Georgia Foundation

2013-2016

- Four counties were selected to participate in a three year grant initiative called the *Childhood Obesity Prevention Program*

2017

- Follow-up assessments in the four counties to assess changes in readiness and capacity

Community Readiness 2012



- 15 communities included in the assessment; 79 key informant interviews were conducted
- Scores ranged from 2.8 to 5.1 out of 9
- We found that 10 out of 15 communities scored in the Preplanning stage (indicating there is clear recognition that something must be done and there may be groups addressing it; but efforts are not focused or detailed).
 - 1 community in the Denial/Resistance stage (there is little recognition that the problem is occurring locally);
 - 2 communities in the Vague Awareness stage (a local concern, but no immediate motivation to do anything about it);
 - 2 communities in the Preparation stage (active leaders with modest support of efforts).

Childhood Obesity Prevention Program



- Communities included in this assessment were invited to apply to the HGF's Childhood Obesity Prevention Program.
- Four communities were selected to be part of the three-year initiative (October 2013-September 2016).
- Communities received technical assistance from Georgia State University's Georgia Health Policy Center, SPH, and Georgia Family Connection Partnership as well as evaluation technical assistance from ICF International.



Community Readiness 2017



- 4 communities included in the assessment; 18 key informant interviews were conducted
- Scores ranged from 6.0 to 6.9 out of 9
- We found that all communities scored in the Initiation Stage (leadership plays a key role in developing and implementing efforts, community is taking ownership of issue)
- Dimensions with the highest mean scores were:
 - Community efforts
 - Leadership
 - Resources available to support efforts

Community Readiness Comparison

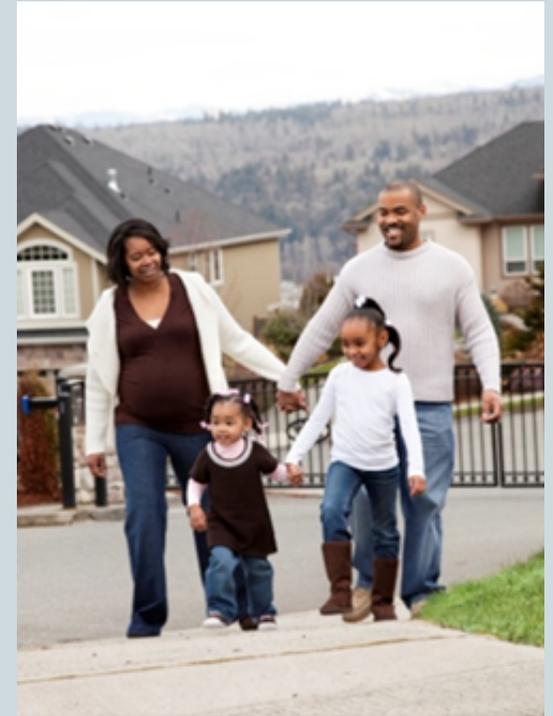
	Overall Score	Community Efforts	Community Knowledge of Efforts	Leadership	Community Climate	Community Knowledge of Issue	Resources Available
2012 (n=4)	4.8	6.4	3.8	5.1	3.6	4.3	5.5
2017 (n=4)	6.5	7.7	5.7	7.2	5.8	5.0	7.4
Mean Difference	1.67*	1.23*	1.95*	2.13*	2.15*	0.775*	1.95*
P-Value	0.007	0.002	0.027	0.002	0.014	0.029	0.20

*-denotes a statistically significant difference in mean score

Lessons Learned



- At follow-up, we learned:
 1. People were one of the most valuable resources.
 2. There will always be competing priorities.
 3. Efforts focused on changing the social climate may open the door for additional support, policies, programs, and sustainability.
- Findings suggest that the provision of expert technical assistance for communities at Stage 4 or 5 of readiness may contribute to improvements in community readiness and capacity for childhood obesity prevention.



Implications



- Individuals can only make healthy decisions when they have the tools and opportunities to do so.
- As the number of funders investing in healthy communities increase, a focus on collaborative initiatives that promote the implementation of readiness-appropriate prevention strategies, technical assistance, peer-learning, and resource-sharing networks may have the ability to enhance their impact and advance efforts in local communities.



Thank you!

Thank you to our partners for participating in this work:

- Healthcare Georgia Foundation
- Georgia Health Policy Center
- Georgia Family Connection Partnership
- Community coalitions

Questions?

Healthcare Georgia Foundation
grantmaking for health



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