



Tri-Ethnic Community Readiness Report

Report Date: July 14th, 2021

The Valley CARE Coalition facilitated the Tri-Ethnic Center for Prevention Research's Community Readiness Assessment Tool in June of 2021.¹ The purpose of this assessment is to measure Valley County's readiness or willingness to address specific prevention areas. Seven interviews were conducted with key respondents regarding the following two issues:

1. Youth Drinking Ages 12 - 17
2. Binge Drinking Ages 18+

Each of the two issues was scored on five dimensions. The key questions for each dimension are indicated below.

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?

Resources

What are the resources that are being used or could be used to address the issue?

The results of this report give the community readiness scores for each dimension and overall scores for each issue. Goals and general strategies associated with each score are provided to inform prevention efforts going forward.

¹ See Community Readiness Assessment Tool details in the appendix

A. Issue: Binge Drinking 18+

1a. Binge Drinking in Valley County

Binge drinking is defined as five or more drinks in one sitting. Current statistics indicate higher than average adult binge drinking in Valley County. To give context for the issue in this community, the following figures are pulled from assessments of Valley and surrounding counties that were conducted within the last five years.

- A 2019 assessment of Valley and surrounding counties found that 24.5% of area adults drink alcohol excessively. This is five percentage points higher than the state average and eight percentage points higher than the national average (PRC, 2019). A 2016 community assessment of only Valley County showed 22% excessive drinking in adults (VCC, 2016).
- 93.6% of area adults view substance use as a major or moderate problem (PRC, 2016).
- Of those 93.6%, 66.7% rated alcohol to be the most problematic (PRC, 2016).
- 20% of Valley County community members do not know where to refer someone for mental health or substance abuse services (VCC, 2016).

2a. Overall Community Readiness Score: 1.97 No Awareness

The following statements are often true for communities that receive this score:

- Community members have no knowledge about local efforts addressing the issue.
- Leadership believes that the issue is not a concern.
- Community members believe that the issue is not a concern.
- Community members have no knowledge about the issue.
- There are no resources available for further efforts.

Scores by Dimension for Adult Binge Drinking

| Dimension | Readiness Level | Readiness Stage | Description |
|--------------------------------|-----------------|-------------------|---|
| Community Knowledge of Efforts | 1.86 | No Awareness | Community members have no knowledge about local efforts addressing the issue. |
| Leadership | 1.79 | No Awareness | Leadership believes that the issue is not a concern. |
| Community Climate | 2.0 | Denial/Resistance | Community members believe that this issue may be a concern in the |

| | | | |
|--------------------------------|------|-------------------|---|
| | | | community, but don't think it can or should be addressed. |
| Knowledge of Issue | 2.21 | Denial/Resistance | Only a few community members have any knowledge about the issue. There are misconceptions about the issue among many community members. |
| Resources Related to the Issue | 2.0 | Denial/Resistance | There are very limited resources available that could be used for further efforts. There is no action to allocate these resources to this issue. Funding for any current efforts is not stable or continuing. |

3a. Interview Comments and Trends

Community Knowledge about Efforts

Interviews reflected knowledge of few efforts, if any. Individuals that did know of efforts mentioned AA meetings and the DUI Task Force conducted by law enforcement. Most noted that neither of these efforts were specifically prevention, but that they were related to binge drinking.

- “There is really nothing for adults.”
- “I think there are a couple business owners that provide rides home from the bar to eliminate DUIs or drinking and driving. I don't know if that helps to address binge drinking but it helps to address the accidents and problems that happen when people binge drink and then drive.”
- “I think there's quite a bit of knowledge that AA exists in our community. I'd give that knowledge level an 8 out of 10.”
- “I think it's just the lack of knowledge and follow through for how those efforts answer for that. I don't think there's miscommunication or misinformation.”

Leadership

Answers varied between believing leadership is not aware of the problem or that the issue is not a priority to actively address. There is concern that leadership plays an active role in the drinking culture or knows it is unpopular to address.

- “I think they would support it, like we talked about before, if it became an educational piece or if it was on the forefront of what to talk about or address. They just need more data on it so they can see it’s an issue in our community.”
- “I know most of the leaders in the community and they all have more than five drinks in one sitting. I’m a bartender. I mean it’s so common, it’s almost expected.”
- “Whatever is sponsored, there is always alcohol involved - so that kind of to me says, it sums it up. Not a priority.”
- “I think they’re concerned about it because they don’t want to see people in trouble, but are they willing to make the effort? I don’t think so because it’s socially acceptable to drink and drink heavily.”

Community Climate

The idea that binge drinking is expected, accepted, and normal is pervasive. There is acknowledgement that some, but very few, community members dislike it and are trying to fix it. Several mentioned that the assessment’s definition of binge drinking (five or more drinks in one sitting) is not what community members recognize as binge drinking or as a problematic level of consumption.

- “There are some that try to sign their family members up for treatment but that’s as far as it goes. Or I know there are a few community members that will try and tell people not to be drinking or stop them.”
- “People around town are always drinking, or you know, asking to do yard work for some money or for drinks. And people accept that and give them their drinks. They know there’s a problem but no one is doing anything to stop it.”
- “I just feel like in our community, the majority or community members are looking for events or times when they’re not at work to binge drink.”
- “It’s just that people drink a lot more here than in other places. I don’t think people that drink more than 5 drinks a night consider themselves binge drinking. I don’t know if that’s what they would classify themselves as.”

Knowledge of Issue

Most stakeholders agree that knowledge of punitive and legal consequences for binge drinking are well known. Social or physical consequences are largely ignored as a factor. Most commented on the lack of understanding around health issues, what binge drinking actually is, and how much it occurs in Valley County.

- “A lot of people drink to black out and they think that’s how you’re supposed to drink. I don’t think there’s much education about how much one drink is or anything like that.”
- “I think that it’s pretty clear, the signs and the amount of money that it costs when somebody does get a DUI locally. And also hurts their insurance for five years. It’s a big punishment when you get a DUI.”

- “I think it’s such a way of life in Northeast MT that a lot of people don’t see it as an issue.”
- “People know [the consequences], because there are a lot of people that get DUIs, they know the cost. There’s a 10,000 fine with it, they could lose their license, they could go to jail, they could lose their business.”
- “My only response is they don’t realize how detrimental it is to your health. They probably don’t know all of those details until they have to sit in the clinic with something wrong.”
- “I think drinking is considered extremely social here, it’s not looked at as a potential problem or issue.”
- “I think a lot of people have the misconception that it’s okay, they aren’t hurting themselves, that it doesn’t have an adverse health risk to them, to the person that is binge drinking. I don’t think they know it happens as much as it happens.”

Resources

Most recognized the presence of resources that could be used for prevention efforts, but commented that more education would be critical before community members or leadership would take action.

- “I think that the lack of mental health awareness and mental health resources in our neck of the woods keeps people uneducated on why they are drinking. It’s not as simple as they’re bored, I’m sure there are other issues that are underlying that make binge drinking more likely to happen.”
- “Yes they would support doing that [using resources to address binge drinking], I just don’t think it would be well attended by the community.

4a. Actions for Increasing Community Readiness

It is best to target actions to the dimensions with the lowest readiness scores first because lower scores will be obstacles in achieving goals. Raising the lowest dimension’s level of readiness will increase the readiness level of all other dimensions at the same time even if they have higher ratings.

Valley County’s lowest dimension is Leadership (1.79). The following are recommendations for action steps when community dimensions stages are No Awareness or Denial/Resistance.

No Awareness

- One-on-one meetings with community leaders and members. Pay particular attention to the details of these meetings (messenger, communicator, etc.)
- Visit existing and established unrelated small groups to inform them of the issue.

- Get individuals in your social network excited and solicit 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 the community and find creative ways to disseminate them.
- Conduct an environmental scan (SWOT analysis) to identify strengths, weaknesses, opportunities, and threats of the community.

Denial/Resistance

- Continue actions from the previous stage.
- Put information in church bulletins, club newsletters, respected publications, Facebook, etc.
- Distribute media articles that highlight the issue in the community.
- Communicate strategically with influences and social leaders.

B. Issue: Drinking Ages 12 - 17

1b. Underage Drinking in Valley County

The assessment addresses the issue of underage drinking in twelve to seventeen year olds. Questions were asked about any level of drinking in this age group, not just binge drinking. The following statistics are pulled from several surveys of Valley County youth to provide context about the topic in the community.

- 49.3% of Valley County youth have tried alcohol for the first time by the age of 14 (OPI, 2019).
- 15% of youth surveyed reported consuming alcohol in the last 1-2 days (OPI, 2019).
- 25.2% reported binge drinking at least once in the last 30 days (where binge drinking is 5 or more drinks in one sitting) (OPI, 2019).
- 37.3% think it would be 'very easy' to access alcohol if desired (AMDD, 2018).
- 26.8% of youth that drank in the past year acquired alcohol from their household either with or without permission from their parents (AMDD, 2018).
- 25% have ridden at least once in a car with someone that had been drinking in the past month (AMDD, 2018).

2b. Overall Community Readiness Score: 2.06 Denial/Resistance

The following statements are often true for communities that receive this score:

- Leadership and community members believe that this issue is not a concern in their community or they think it can't or shouldn't be addressed
- Community members have misconceptions or incorrect knowledge about current efforts.
- Only a few community members have knowledge about the issue, and there may be many misconceptions among community members about the issue.
- Community members and/or leaders do not support using available resources to address this issue.

Scores by Dimension for Underage Drinking

| Dimension | Readiness Level | Readiness Stage | Description |
|--------------------------------|-----------------|-------------------|---|
| Community Knowledge of Efforts | 1.43 | No Awareness | Community members have no knowledge about local efforts addressing the issue. |
| Leadership | 2.29 | Denial/Resistance | Leadership believes that this issue may be a concern in this community, but doesn't think it can or should be addressed. |
| Community Climate | 2.29 | Denial/Resistance | Community members believe that this issue may be a concern in the community, but don't think it can or should be addressed. |
| Knowledge of Issue | 2.29 | Denial/Resistance | Only a few community members have any knowledge about the issue. Among many community members, there are misconceptions about the issue. |
| Resources Related to the Issue | 2.0 | Denial/Resistance | There are very limited resources available that could be used for further efforts. There is no action to allocate these resources to this issue. Funding for any current efforts is not stable or continuing. |

3b. Interview Comments and Trends:

Community Knowledge of the Efforts

Many noted that underage drinking is not viewed as an issue and there are few to no efforts to address it. Several mentioned that any available resources lack advertising and are therefore underutilized.

- “I don’t see any information on Facebook or from the schools about it [underage drinking].”
- “I think right now what you do to prevent it is just talk to your kids and keep them home and encourage them not to go there.”
- “Police work on it, but I don’t think there’s an understanding within our community that there is a drinking issue for underaged people.”
- “I don’t think people realize how much drinking takes place at the highschool or middle school.”
- “It’s kind of swept under the rug so people don’t pay attention to what efforts are being done.”
- “It’s limited [community knowledge] because some won’t reach out for the resources and a lot of people think they can just handle these situations in the home setting.”

Leadership

Schools, police, and church groups were the primary leadership groups mentioned as actively involved or with the obligation to be actively involved. Government and general leadership were noted as lacking concern given other priorities. All noted a lack of recognition that underage drinking is a significant issue among the leadership.

- “I know that probably a school role, we prevent more marijuana, cigarettes, and vape. I know we haven’t worried much about drinking and the effects. We probably drop the ball on that in the school system because we have a bigger issue with drugs.”
- “The feeling I get from the school is that they really don’t want to focus on that kind of thing.”
- “Our community and government leaders are more concerned about the city as a whole and not necessarily this demographic of underage teenagers.”
- “I don’t think they think it’s right, they’re just not doing anything to try to make it stop.”
- “They’re unaware of how much it occurs if they don’t have kids that age and so they don’t care.”
- “I think as an overall priority it isn’t very much because I don’t think there is much underage drinking.”
- “It is a big priority for them, again I just think it’s the limited time and resources’ doing.”

Community Climate

Underage drinking was indicated as a normal part of the culture formed via generational habits. Any community engagement around youth drinking reduction is seen as passive. Many mentioned that people without children are not concerned with the topic and identified having an older population as a potential barrier to progress.

- “A lot of people don’t want to speak up or speak out. Or they just say, well, ‘they’re not my kids.’ So they are not going to do anything about it.”
- “They [youth] have no support at home or in the community. All they have is the school and we can only do so much.”
- “Drinking at a young age is the norm, sad to say. A lot of young people don’t really see an issue with it until they’re 20 years old and have cirrhosis already.”
- “The community would actively support efforts if there was a program and something developed.”
- “People with children seem to think that if they’re doing it responsibly - not driving and being together in one place - that it’s not a problem.”
- “There’s not a lot of community groups that I see or am involved in that are pushing to discourage it. They’re not encouraging it, it’s just not talked about. It’s kind of an unwritten understanding that you did it as a kid, and they’re probably doing it now so you just turn a blind eye.”
- “Not everyone has kids, and they don’t necessarily think it’s as big of a deal as it is because they aren’t exposed to it as much.”
- “I don’t know anyone that wants kids to drink underage, but when I’m out and about it’s not a topic of conversation.”

Community Knowledge of the Issue

Community knowledge is limited and heavily based in a culture that is accepting of drinking. Many are unaware of underage drinking prevalence in the community and do not see it as a concern or as a reflection of behavioral issues.

- “The cycle is just continuing with underage drinking. It’s not stopping. The bar sometimes allows underage drinking.”
- “Underage drinking to me is a symptom or a behavior that stems from either mental illness or family. It looks like a symptom or a direct result of something else that’s going on.”
- “Other places I’ve been, underage drinking relates to depression or acting out or a mental health issue. Here it just seems like it’s just kind of part of growing up.”
- “Stricter laws and education I think really worked.”
- “I don’t think they think it’s as serious as it is.”

Resources

There were positive comments on the availability for community resources to use for underage drinking, but most recognized the need for more education and persuasion before that could happen. The perceived need for more mental health and addiction services targeting youth was clear.

- “The school is the biggest influence on the community. No one individually would donate anything.”
- “I’m sure if you seek out resources, they are available. Maybe in a church setting you can find somebody who has dealt with it or could find counseling services or AA meetings.”
- “We need to have more programs for teens so they can get the mental health that they need.”
- “Valley County is great with fundraising. If you get out and talk about it, educate people on it, you know, tell us what you want to do, we’ll fund it.”
- “I think they would [support using resources for prevention] if something bad happened that really affected the community. I think right now, there’s a blind eye turned to it.”
- “Probably the Sheriff, Police officers, or school district play a key role.”
- “I think available resources are not advertised enough.”
- “People would be more willing to provide financial support than physical support.”

4b. Actions for Increasing Community Readiness

It is best to target actions to the dimensions with the lowest readiness scores first because lower scores will be obstacles in achieving goals. Raising the lowest dimension’s level of readiness will increase the readiness level of all other dimensions at the same time even if they have higher ratings.

Valley County’s lowest dimension is Community Knowledge of Efforts (1.43). The following are recommendations for action steps when community dimensions stages are No Awareness or Denial/Resistance.

No Awareness

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Denial/Resistance

- Continue actions from the previous stage.
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- Communicate strategically with influences and social leaders.

C. Comparing Changes in CRA Scores

Valley County prevention specialists conducted a Community Readiness Assessment in 2015. While the 2015 report explored several different community issues, the 2015 and 2021 both conducted interviews and scoring for drinking ages 12-17. We compare the scores below for reference on how Valley County has progressed. It should be noted that the 2015 report does not include the 'Resources' dimension, so it is not used for comparison.

| Drinking Ages 12 - 17 | | |
|--------------------------------|-----------------|-----------------|
| Dimension | CRA 2015 | CRA 2021 |
| Knowledge of Community Efforts | 3.31 | 1.43 |
| Leadership | 3.88 | 2.29 |
| Community Climate | 3.13 | 2.29 |
| Knowledge of the Issue | 3.88 | 2.29 |
| Overall CRA Score | 3.51 | 2.07 |

There was a 41% decrease in the CRA score between 2015 and 2021. A notable difference between the reports is that the 2015 CRA conducted four to six interviews for each issue and the 2021 conducted seven. Prevention specialists in 2015 were not the same individuals conducting or scoring interviews in 2021.

Appendix

What is the Tri- Ethnic Community Readiness Model?

The Community Readiness Model is a method for assessing the level of readiness of a community to develop and implement prevention and other intervention efforts.

It defines nine stages of Community Readiness ranging from “no awareness” of the issue to “high level of community ownership of the issue. A complete list of the Stages of Community Readiness and explanation of each stage can be found at the end of this report.

The Community Readiness Model was developed by the Tri-Ethnic Center for Prevention Research at Colorado State University based on extensive research and testing in communities. Its validity and reliability have been demonstrated in numerous communities and for a wide range of issues.

The Community Readiness Model identifies specific characteristics related to different levels of problem awareness and readiness for change. The model is a step-by-step system for developing an effective prevention strategy that gives a clear map of the prevention/intervention journey. It is also issue-specific, community- specific, culturally specific and, most important, quantifiable.

The Community Readiness Model process includes:

1. *Identifying the issue(s).*
2. *Defining the community.*
3. *Conducting key respondent interviews.*
4. *Scoring the interviews to determine readiness level*

What are the four dimensions of community readiness that were used?

Community readiness is multi-dimensional and reflects key factors that influence a community’s preparedness to take action on an issue. The four dimensions that were used for this assessment include:

1. Community Knowledge of Efforts
2. Leadership
3. Community Climate
4. Community Knowledge about the Issue
5. Resources Related to the Issue

A community can be at different stages for each of the dimensions. All dimensions are used to obtain a final community readiness score for the particular issue being addressed. However, the individual dimensions are more telling when making the

decision where and how to develop your strategies.

What is a key respondent and what is a key respondent interview?

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A *key respondent* is an individual who is knowledgeable about the community, but not necessarily a leader or decision-maker. He/she is involved in community affairs and knows what is going on. Using a cross-section of individuals ensures that a more complete and accurate measure of the level of community readiness for the issue in question can be obtained.

Key respondent interviews for this assessment encompassed 13 questions per issue for a total of 39 for the entire interview, and four to six key respondents were interviewed for 30-60 minutes each. The interview questions provided information about *five dimensions of the community readiness* for the targeted issues. The interviews were recorded and transcribed, then scored.

Scoring

Interviews are scored one at a time, and each is scored separately by two people following specific instructions. The various dimensions are identified based on statements and references in each interview, and each dimension receives a score from 1 to 9 according to a dimension-specific scale. Once an interview has been scored twice, the scorers meet to review and to arrive at a consensus score for each dimension for each interview. The consensus scores for each dimension are then averaged across all interviews from a particular community, resulting in four dimension-specific scores for each community. These are then averaged across the four dimensions, resulting in a final community readiness score which indicates the specific stage of readiness for a particular issue in a particular community.

Stages 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 is 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. |

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