



TOOLKIT | January 2020

Community Readiness

A Toolkit to Support Maternal, Infant, and Early Childhood Home Visiting Program Awardees in Assessing Community Capacity

Design Options for Home Visiting Evaluation

OPRE Report Number 2020-05

Community Readiness: A Toolkit to Support Maternal, Infant, and Early Childhood Home Visiting Program Awardees in Assessing Community Capacity

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Submitted to

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U.S. Department of Health and Human Services
Contract Number: HHSP2332015001331

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Acknowledgments

The development of this resource was made possible with guidance from the following content experts: Pamela Jumper-Thurman of the National Center for Community Readiness at Colorado State University, Barbara Gebhard of ZERO TO THREE, Loraine Lucinski of the National Institute for Children’s Health Quality, Sherrie Rudick of the Education Development Center, and Keriann Hunter Uesugi of the University of Chicago.

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Introduction

What is MIECHV?

The [Maternal, Infant, and Early Childhood Home Visiting \(MIECHV\)](#) Program supports voluntary, evidence-based home visiting services for at-risk pregnant women and parents with young children up to kindergarten entry.¹ MIECHV builds on decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life can improve the well-being of children and families by preventing child abuse and neglect, supporting positive parenting, improving maternal and child health, and promoting child development and school readiness.^{2,3}

States, territories, and tribal entities receive funding through MIECHV and have the flexibility to select evidence-based home visiting service delivery models that best meet state and local needs. MIECHV is administered by the Health Resources and Services Administration (HRSA) in partnership with the Administration for Children and Families (ACF).

This toolkit supplements the MIECHV Needs Assessment Guide to support the completion of Step 5: Assessing Community Readiness.

What resources on the needs assessment update are available to MIECHV awardees?

MIECHV awardees are required to conduct a state- or territory-wide needs assessment by October 1, 2020, to identify communities with concentrations of risk, identify the quality and capacity of existing programs or initiatives for early childhood home visiting in the state or territory, discuss capacity for providing substance abuse treatment and counseling services, and coordinate and take into account other assessments. The [Supplemental Information Request \(SIR\) for the Submission of the Statewide Needs Assessment Update for states](#)⁴ and [territories](#)⁵ provides guidance and instructions to awardees on updating their statewide needs assessments and submitting the required information to HRSA.

Several resources have been developed to support awardees in completing their statewide needs assessment updates. [A Crosswalk of the Maternal, Infant, and Early Childhood Home Visiting](#)

[Program and the Title V Maternal and Child Health Services Block Grant Program Needs Assessments](#) is a helpful reference document for awardees completing both the MIECHV and Title V Maternal and Child Health Services Block Grant Program needs assessments. [A Guide to Conducting the Maternal, Infant, and Early Childhood Home Visiting Program Statewide Needs Assessment Update](#) (*MIECHV Needs Assessment Guide*) describes a 10-step process for conducting the needs assessment (see box).⁶ This toolkit supplements the *MIECHV Needs Assessment Guide* to support the completion of Step 5: Assess Community Readiness.

What is community readiness and why is it important?

Community readiness is the extent to which a community is able and prepared to take action or make changes.⁷ Beyond identifying needs, community readiness focuses on the community's capacity and willingness to address the gaps in services and the needs of families in the community by using home visiting programs. For example, a community may identify the need for mental health services for MIECHV-eligible families but may not have the capacity (e.g., lack of existing programs or trained service providers) or the willingness to devote funding (e.g., economic stability and substance use treatment may be higher priorities) to support mental health services at this time. This information may not be captured in a needs assessment but is important to consider when deciding where and how to implement a program or deliver services in a specific time period.

For more than 20 years, researchers and program implementers have focused on the importance of assessing a community's readiness to implement services or programming to address the needs of

Needs Assessment Steps

- Step 1. Assemble Your Team
- Step 2. Create Your Work Plan
- Step 3. Determine Your Methodology for Identifying At-Risk Communities
- Step 4. Identify the Quality and Capacity of Current Home Visiting Programs
- Step 5. Assess Community Readiness**
- Step 6. Assess Capacity for Providing Substance Use Disorder Treatment and Counseling Services
- Step 7. Coordinate with Other Needs Assessments
- Step 8. Synthesize Your Findings
- Step 9. Report and Share Your Findings
- Step 10. Use Your Needs Assessment Data and Findings

the overall community or specific populations.⁸ The process of assessing community readiness should include multiple perspectives from community leaders, service providers, and stakeholders. In addition to gathering information, this process aims to foster potential partnerships. In the context of home visiting, community readiness focuses on identifying current and/or potential [home visiting connections](#), assessing capacity and infrastructure to address service gaps through home visiting, and ascertaining willingness to support evidence-based home visiting programs.^{9,10} This process will help awardees consider how to address the needs of MIECHV families and answer questions like these from Step 5 (Assess Community Readiness) of the *MIECHV Needs Assessment Guide*:

- What is the level of community buy-in for home visiting programs?
- What sectors in the community lend the strongest support?
- What resources would be needed for expansion? What resources would be needed to implement home visiting services in the community?
- What challenges do you anticipate, and what are some of the possible solutions?

How will the community readiness assessment help awardees?

The assessment will help awardees determine the extent to which a community is ready to address specific service gaps and unmet needs among MIECHV-eligible families. The assessment will also help awardees determine whether service gaps can be filled using home visiting programs, and it will inform planning strategies that strengthen home visiting service delivery and support communities in advancing their level of readiness.¹¹ Through this process, awardees will consider community resources, staffing, and other requirements of evidence-based home visiting services to better understand a community's level of capacity and preparedness to meet the diverse needs of MIECHV-eligible families. In addition, awardees may identify future partners or collaborators among the community leaders, service providers, and other stakeholders identified and consulted in the community readiness assessment process.

What community readiness assessment resources are available to MIECHV awardees?

Many resources are available to support the community readiness assessment process, and these resources informed the development of this toolkit. [Appendix A: Community Readiness Resources](#) lists resources from universities, states, and model developers. For example, ZERO TO THREE's [Home Visiting Community Planning Tool](#) focuses on community support, staffing and supervision,

administrative support, strengths and gaps in home visiting services, and public engagement.¹² The Nurse-Family Partnership [Implementation Planning Tools](#) focus on partnerships, potential champions, funding options, recruitment and hiring, and referral processes.¹³ A common thread is a focus on service needs or gaps, capacity to deliver home visiting services, and preparedness to support home visiting programs.

One of the most widely used assessment tools is the [Community Readiness Model](#) developed by Colorado State University. This model assesses readiness across five dimensions: knowledge of issues, knowledge of efforts, climate, leadership, and resources.^{14,15} It has been used for decades to examine how these dimensions influence [the implementation of community interventions and the achievement of goals](#).¹⁶ The Community Readiness Model also provides the foundation and structure for the MIECHV *Community Readiness Toolkit*.

How is the MIECHV *Community Readiness Toolkit* organized?

The MIECHV *Community Readiness Toolkit* first defines community stakeholders, readiness dimensions, and readiness stages. The toolkit is then organized into three sections based on type of activity and readiness dimension. Each section includes action steps, recommendations, and worksheets to help awardees gather, compile, and interpret information. Taken together, the three sections help awardees better understand how the readiness dimensions influence a community's readiness to support home visiting services.

- **Section 1. Compiling Existing Community Data** reviews and expands on information compiled for the needs assessment by adding information on resources and services available to families in the community. This section focuses on accessing existing community data in three ways:
 - Identifying key community organizations and agencies—ensuring that community programs and services have been identified and key descriptive information added
 - Identifying key people—adding information about community leaders, service providers, and other stakeholders
 - Identifying key community resources—adding information about home visiting staff recruitment, professional development opportunities, and funding sources
- **Section 2. Collecting Stakeholder Data** uses interviews, focus groups, and other methods to gather data from leaders, service providers, and other stakeholders. Organizing the questions used with these data collection methods by readiness dimensions ensures that the information collected describes these aspects of community readiness.

- **Section 3. Developing a Community Profile** compiles existing data and stakeholder data to develop a community profile using either a scoring method or a qualitative assessment. The community profile summarizes the level of need for home visiting services, capacity to deliver services, and preparedness to support home visiting programs. The scoring method allows for assessment by readiness dimension and overall; the qualitative approach generates an overall assessment.

The toolkit appendices include worksheets, tables, and suggested questions. Methods and questions are flexible and are intended to be modified to target specific populations or services of interest in each community.

Understanding Community Readiness

Defining Community Stakeholders

One of the challenges of assessing community readiness is determining who is in a position to provide insight into the community. In the context of the MIECHV community readiness assessment, four groups of community members can provide insight into the community's programs, attitudes and priorities. The first group, **community leaders**, includes people who are aware of the broader scope of programming or who play an influential role in ensuring that new and expectant parents and their young children can receive the services they need (e.g., early childhood councils, home visiting champions, local funders, funders who support other programs in the community).

Community service providers and **home visiting program staff** can provide additional information. Community service providers include early childhood providers, program directors or managers or program staff who can speak to their priorities and services, and other programs serving similar populations or providing similar services (e.g., mental health or substance use services, providers serving new and expectant parents and their young children). Home visiting program staff include program managers, supervisors, or home visitors who can provide information specific to their home visiting program and programs in the community.

The fourth group includes **other stakeholders** who could provide different perspectives. Parents, families who are eligible for or recipients of home visiting services, early childhood experts, academics, business owners, clergy or religious institutions, or other engaged community members may provide information about the community or its programming. These members of the community may be engaged in early childhood programs or with helping new and expectant parents and their young children but are not community leaders or service providers.

Dimensions of Readiness

The Community Readiness Model and its dimensions are well established, and they reflect a research-based approach to assessing community readiness. The dimensions have been used in a variety of settings, including rural and urban communities, to assess readiness to address a variety of issues (e.g., childhood obesity, tobacco control, general health).^{17,18} Looking across the

dimensions provides a comprehensive view of the community's readiness to implement home visiting and other programs and helps identify strengths, opportunities, and barriers.

The dimensions are outlined below, adapted to a home visiting context. In addition, the questions in [Appendix C](#) (Collecting Stakeholder Data) offer additional examples of how the readiness dimensions can be applied.

1. Community Knowledge of Family Needs (Issues)

- What do the four groups of community members know about the needs of MIECHV families?
- Is the community aware of family needs that could be addressed through home visiting?
- This dimension is important because it focuses on understanding what community stakeholders know about the needs of families who are served by early childhood home visiting programs. For example, are they aware of services (or gaps in services) for priority populations (e.g., low-income households, women who are pregnant and under age 21)?

2. Community Knowledge of Home Visiting (Efforts)

- What do community members know about home visiting as an approach to serve families with young children or pregnant women?
- Do community members know about current or past early childhood home visiting programs in the community?
- Could existing home visiting programs in the community expand their services or benefit from new options for local partnerships?
- This dimension is important because it focuses on understanding what community stakeholders know about early childhood home visiting programs and the services provided by these programs. It also focuses on whether and how home visiting programs could work with other programs that serve similar populations.

3. Community Climate

- Does the community prioritize services for families with young children?
- Does the community support existing home visiting programs?
- This dimension is important because it focuses on understanding a community's attitudes toward and beliefs about early childhood home visiting programs, the services provided by home visiting programs, and the populations served by these programs. It also addresses the impact of recent events on service delivery or the need for services, such as a natural disaster or changes in the economic circumstances (good or bad).

4. Community Leadership

- Do local leaders prioritize services for MIECHV families?

- Are local leaders aware of home visiting as an approach to addressing the needs of pregnant women and families with young children?
- This dimension is important because it addresses the importance of engaging the community’s leadership (e.g., early childhood councils, home visiting champions, local funders). Leaders provide essential information about a community, are potential partners for collaboration, and may serve as champions to promote enhanced and coordinated service delivery.

5. Community Resources

- Are community members aware of resources that could support home visiting programs in the community?
- Are there existing relationships with educational institutions that support training and professional development?
- This dimension is important because it focuses on identifying the human, organizational, and financial resources needed to provide home visiting programming. Funding draws on federal, state, local, and private resources. Local resources that could support home visiting and address issues related to MIECHV-eligible families include a trained labor force, local funding, management and infrastructure of local organizations, and referral partners.

Stages of Readiness

Readiness exists along a continuum, and the level of readiness can vary across the dimensions and within a community. Each dimension is assessed using nine stages of readiness, ranging from “no awareness” to “high level of community ownership” (Exhibit 1: The Nine of Readiness).¹⁹ The stages will help determine strengths, opportunities, and potential barriers. The stages also may point to actions that match a community’s readiness levels or to targeted ways existing programs can work with the community. For example, an assessment of Stage 1 readiness suggests awareness-raising activities are needed to help the community understand MIECHV family needs and issues. If a home visiting program is operating in the community, it could reach out to community stakeholders to explain how home visiting is helping families.

These stages are further described and applied in Section 3: Developing a Community Profile.

Exhibit 1. The Nine Stages of Readiness

Stage 1	No awareness
Stage 2	Denial/resistance
Stage 3	Vague awareness
Stage 4	Preplanning
Stage 5	Preparation
Stage 6	Initiation
Stage 7	Stabilization
Stage 8	Confirmation/expansion
Stage 9	High level of community ownership

Additional Background

The stages of readiness were developed using the stages of change model (i.e., precontemplation, contemplation, preparation, action, and maintenance) and community development principles.^{20,21,22,23} These principles account for community-level processes and dynamics, such as coalition decision making and leadership, as well as changes in capacity and priorities that occur over time.

Section 1. Compiling Existing Community Data

This section provides assistance on gathering existing data. You will review existing (also known as secondary) data sources on families, services, and resources to enhance your understanding of the community. Suggested action steps and data collection tables are provided in the Compiling Secondary Data Worksheet ([Appendix B](#)), which can be revised to reflect your available data. This process will help you determine what information you have and what information you may need to collect to better understand community readiness to implement home visiting. You will combine the data from Sections 1 and 2 to develop a community profile in Section 3.

The first set of action steps below focuses on identifying and gathering information on organizations and agencies that serve expectant or new parents and their young children. Using that information, in the second and third sets of action steps, you will identify and describe leaders and key stakeholders and resources available to the community. This process lays the groundwork for collecting new stakeholder data in Section 2 through interviews, focus groups, or other primary data collection methods.

Assessing community knowledge of family needs, knowledge of home visiting, and climate is crucial to understanding community readiness. However, since these three dimensions largely highlight knowledge and attitudes of community members, most of that information is collected in Section 2.

Identifying Organizations in the Community

This subsection highlights two key functions and action steps to achieve them:

- Expanding the information gathered about local home visiting programs
- Identifying other programs in the community that provide services to new and expectant parents and their young children

Through this process, you will develop a picture of the network that supports pregnant women and families with infants and young children in each community. This will help you understand connections between service providers and referring agencies.

Action Steps

Use the following considerations to compile data in a table like Exhibit 2: Example of Community's Home Visiting Efforts. [Appendix B](#) (Compiling Secondary Data Worksheet) includes a worksheet that can be modified to meet your needs.

- Review the data gathered for the MIECHV state- or territory-wide needs assessment update. If you are using the *MIECHV Needs Assessment Guide*, this includes Step 3 (Determine Your Methodology for Identifying At-Risk Communities) and Step 4 (Identify the Quality and Capacity of Current Home Visiting Programs).
- Add information related to home visiting programs, including service delivery models, services delivered, priorities, and other program details that describe existing home visiting programs.
- Use the home visiting information to identify related programs and community agencies that offer services to families that could benefit from home visiting and to identify existing program connections in the community.
- Add information about community organizations, community infrastructure, services delivered, and families using these services.
- Identify additional related services in the following sectors that could support issues addressed by home visiting. Here are possible sectors to consider:
 - Social service agencies
 - Mental health and substance abuse treatment services
 - Health care centers, hospitals, and medical systems
 - Public health agencies
 - Childcare programs
 - Schools and universities
 - City/county/tribal government
 - Clergy or spiritual organizations
 - Youth-serving agencies
 - Local foundations
- Check resources such as the Generating Referrals worksheet in the Nurse-Family Partnership [Implementation Planning Tools](#) to incorporate community partners previously identified by home visiting programs.
- Refer to the Partnerships and Collaboration section of ZERO TO THREE's [Home Visiting Community Planning Tool](#) for a list of additional community sectors to consider and a possible alternative method for data organization.

Exhibit 2. Example of Community’s Home Visiting Efforts

Example: Using the home visiting information collected for Step 4 of the MIECHV Needs Assessment Guide (Identify the Quality and Capacity of Current Home Visiting Programs), we reached out to Alpha Home Visiting Program and found that they use Beta Community Service for screening service referrals. Beta focuses on children with special health care needs and disabilities and works with home visiting programs on a regular basis.

Organization/Program	Service Description	Priority Population(s) Served	Referral Avenues to/From Home Visiting
<i>Beta Community Service</i>	<i>Beta provides screenings and early intervention services for children with special health care needs and disabilities.</i>	<i>Children with special health care needs and disabilities</i>	<i>Yes, currently refers to and receives referrals from Alpha Home Visiting Program</i>

Identifying Community Leaders and Key Stakeholders

In this subsection, you will identify community leaders and other key stakeholders who can provide feedback on the community’s readiness to implement home visiting services.

Action Steps

Use the following considerations to compile data in a table like Exhibit 3: Examples of Leaders Identified in the Community. [Appendix B](#) includes a worksheet that can be modified to meet your needs.

- Review the information assembled above and identify key community stakeholders and service providers associated with the home visiting and other programs who can provide input on the community’s readiness to implement home visiting.
- Check resources such as the Building Champions worksheet in the [Nurse-Family Partnership Implementation Planning Tools](#) to incorporate stakeholders and champions already identified by home visiting programs.

- Refer to the Partnerships and Collaboration section of ZERO TO THREE’s [Home Visiting Community Planning Tool](#) for a list of community sectors to consider for recruiting additional stakeholders and community leaders.

Exhibit 3. Example of Leaders Identified in the Community

Example: Using the Nurse-Family Partnership tools and the Gamma Community Service website, we identified Daphne Delta, a family support manager from Gamma Community Service, as a key stakeholder who is likely to support home visiting. Ms. Delta is trained in trauma-informed care and substance abuse treatment.

Key Leader/Stakeholder	Affiliation	Title	Areas of Expertise	Likely Supports Home Visiting (Yes/No)
<i>Daphne Delta</i>	<i>Gamma Community Service</i>	<i>Family Support Manager</i>	<i>Trauma-informed care, substance abuse treatment</i>	Yes

Identifying Community Resources

In this subsection, you will review existing data sources regarding resources needed to support home visiting programs. Data will represent three main categories: (1) sources for recruiting home visiting staff, (2) professional development opportunities, and (3) potential funding sources.

Action Steps

Use the following considerations to compile data in a table like Exhibit 4: Example of Recruitment, Professional Development, and Funding Sources. [Appendix B](#) includes a worksheet that can be modified to meet your needs.

Sources for Recruiting Staff

- Review home visiting staff competencies and skills identified in Step 4 of the *MIECHV Needs Assessment Guide* (Identify the Quality and Capacity of Current Home Visiting Programs).
- Assess the local labor supply by determining the number of individuals in a particular job or role in your community. For example, the [Bureau of Labor Statistics Wage Data](#) provide information on the number of people employed in a particular occupation for metropolitan and nonmetropolitan areas.
- Examine the local educational pipeline to determine how new graduates can access the education required by home visiting models. For example, use the [Integrated Postsecondary](#)

[Education Data System](#) to identify the number of students who graduate with a given degree and major; the system can be searched by postsecondary institution.

- Check resources such as the Nurse Recruitment and Hiring worksheet in the [Nurse-Family Partnership Implementation Planning Tools](#) for staff recruitment avenues already identified by home visiting programs.

Professional Development Opportunities

- Explore course offerings and professional development opportunities available through local institutions of higher learning, adult continuing education, state extension offices, and distance-based learning.
- Refer to the Staff Qualifications and Professional Development section in ZERO TO THREE's [Home Visiting Community Planning Tool](#) for a list of areas to consider for training and professional development opportunities.

Potential Funding Sources

- Review structural resources and program costs identified in Step 4 of the *MIECHV Needs Assessment Guide* to determine the scope of resources required to support home visiting programs.
- Examine federal, local, and private funding notices to identify funding sources for home visiting programs and related services. For example, federal funding opportunities can be found on [Grants.gov](#) or [Contract Opportunities](#).
- Review websites for nonprofit home visiting programs and related community services to locate public funding reports. Review publicly available financial reports to identify existing funding sources in the community.
- Check resources such as the Funding and Sustainability worksheet in the [Nurse-Family Partnership Implementation Planning Tools](#) to incorporate funding options already identified by home visiting programs.
- Refer to the Financing and Sustainability section in ZERO TO THREE's [Home Visiting Community Planning Tool](#) for a list of potential funding sources for home visiting programs.

Exhibit 4. Example of Recruitment, Professional Development, and Funding Sources

Example: Alpha Home Visiting Program (also mentioned above) was able to provide information on other partner organizations. They indicated Epsilon Community College is a source they use to recruit staff. Gamma Community Service, XYZ Online Home Visitor Training Library, QRS model-based training facility, and the Department of Public Health provide them with professional development opportunities. Alpha’s website identified its funding sources as the Children’s Trust Fund, Zora Zeta Local Foundation for Human Services, and United Way.

Program	Sources for Recruiting Home Visiting Staff	Sources of Professional Development Opportunities	Potential Funding Sources
<i>Alpha Home Visiting Program</i>	<i>Early childhood education certificate program at Epsilon Community College</i>	<ul style="list-style-type: none"> • <i>Gamma Community Service trauma-informed care training</i> • <i>XYZ Online Home Visitor Training Library</i> • <i>QRS model implementation training</i> • <i>Department of Public Health Annual Maternal Morbidity and Mortality Conference</i> 	<ul style="list-style-type: none"> • <i>Children’s Trust Fund</i> • <i>Zora Zeta Local Foundation for Human Services</i> • <i>United Way</i>

Compiling Existing Data and Sources

Sample tables for each dimension are included in the Compiling Secondary Data Worksheet ([Appendix B](#)). After you gather information for each dimension, enter it into the worksheet. The tables are intended to serve as guides; add rows or columns to meet your own data collection needs. Note the data sources for each table.

Section 2. Collecting Stakeholder Data

Section 1: Compiling Existing Community Data gathered information from available community data and built on information gathered in Step 3 (Determine Your Methodology for Identifying At-Risk Communities) and Step 4 (Identify the Quality and Capacity of Current Home Visiting Programs) of the *MIECHV Needs Assessment Guide*. This section guides you through the next steps: collecting data from key stakeholders to address gaps in information and to understand the extent of community readiness across the readiness dimensions.

Common Data Collection Methods

As you begin to plan to collect primary data to inform your assessment, refer to Step 5 (Assessing Community Readiness) of the *MIECHV Needs Assessment Guide*, which provides an overview of three commonly used methods to collect primary data:

1. **Interviews** include one-on-one or small-group interactions with key informants and can be structured (predetermined set of questions) or unstructured (conversational).
2. **Focus groups** allow for small-group discussions and the opportunity for additional questions to emerge from the discussion; they can be structured (predetermined set of questions) or unstructured (conversational).
3. **Surveys** include predetermined questions and can be administered in a variety of formats (e.g., web-based, phone, paper and pencil).

Consider using multiple data collection methods with different groups of stakeholders to increase the diversity of perspectives and enrich your understanding of the community's level of readiness. Stakeholders should include a range of community service providers that are likely to partner with home visiting programs, as well as families, early childhood experts, funding institutions, and others who work with or support new and expectant parents and their children.

Consider using multiple data collection methods with different groups of stakeholders to increase the diversity of perspectives and enrich your understanding of the community's level of readiness.

There are advantages and disadvantages to each data collection method, and these are discussed in more detail in Step 5 of the *MIECHV Needs Assessment Guide*. For example, interviews might elicit more meaningful responses owing to the interviewer’s ability to establish rapport, respond to emotions and body language, and clarify questions using probes. However, they can be time consuming. Focus groups can allow for more rapid data collection and be a lower cost option compared with interviews, but it can be difficult to collect sensitive information in group settings. Surveys are typically inexpensive and can generate a large amount of data in a short time; however, they can have low response rates and offer limited opportunities to explore issues in depth.

You can explore other primary data collection methods, including public forums (e.g., town meetings) and listening sessions. Public forums provide an opportunity for people with diverse backgrounds to express views regarding community needs and concerns. Listening sessions are facilitated discussions designed to explore opportunities and barriers from the community perspective. These sessions can offer valuable insight. Refer to the [Community Tool Box](#) for information on how to organize, conduct, and use a public forum or listening session to obtain public perspectives on community needs, strengths, challenges, and solutions.²⁴

Incorporating the Readiness Dimensions

Once you have decided on a data collection method, the questions should be organized by readiness dimension to capture information on all five dimensions (community knowledge of family needs, knowledge of home visiting, climate, leadership, and resources). The dimensions together offer a more comprehensive view of community readiness than individual dimensions. Organizing by dimension also will make it easier to compile the data when developing the community profile in Section 3.

If you have specific priorities for new home visiting services (e.g., mental health or substance abuse treatment) that are specific to a community, target population, or home visiting service delivery model, highlight them across each dimension. Exhibit 5: How Primary Data Can Inform Community Readiness Dimensions describes the type of information primary data may provide in each dimension.

Exhibit 5. How Primary Data Can Inform Community Readiness Dimensions

Community Readiness Dimension	Potential Data
Community Knowledge of Family Needs (Issues)	Community knowledge of— <ul style="list-style-type: none"> • Family needs and issues addressed by home visiting

<p><i>How much does the community know about the issues?</i></p>	<ul style="list-style-type: none"> ● Priority populations served by home visiting ● Symptoms and causes of community issues ● Misconceptions regarding community issues ● Barriers and potential solutions to addressing community issues ● Consequences of community issues and concerns
<p>Community Knowledge of Home Visiting (Efforts)</p> <p><i>How much does the community know about current home visiting interventions and services?</i></p>	<p>Community knowledge of—</p> <ul style="list-style-type: none"> ● Past or existing home visiting programs and partnerships ● Effectiveness of home visiting programs ● Use of home visiting as a strategy to work with vulnerable families ● Level of collaboration among service providers ● Strengths and weaknesses of home visiting programs ● Strategies to strengthen or improve home visiting programs
<p>Community Climate</p> <p><i>What is the community's attitude toward the issues the home visiting program is designed to address?</i></p>	<p>Community perspective on—</p> <ul style="list-style-type: none"> ● Needs and issues addressed by home visiting ● Availability of support for home visiting ● Prioritizing needs and issues ● Expanding home visiting services ● Supporting community efforts to address needs and issues ● Challenges and potential solutions in addressing community needs and issues
<p>Community Leadership</p> <p><i>What is leadership's attitude and role in addressing the issues?</i></p>	<p>Leadership perspective on—</p> <ul style="list-style-type: none"> ● Needs and issues addressed by home visiting ● Availability of support to address home visiting needs ● Prioritizing needs and issues ● Supporting community efforts to address needs and issues ● Challenges and potential solutions in addressing community needs and issues
<p>Community Resources</p> <p><i>What resources are or could be used to address the issues?</i></p>	<p>Community knowledge and perspective on—</p> <ul style="list-style-type: none"> ● Availability of local resources to support home visiting implementation

- Use of resources to address issues related to MIECHV benchmarks
- Funding strategies used to support current home visiting efforts
- Labor force needs and issues
- Support of community members and leadership in using resources to address home visiting issues
- Strategies to increase resources

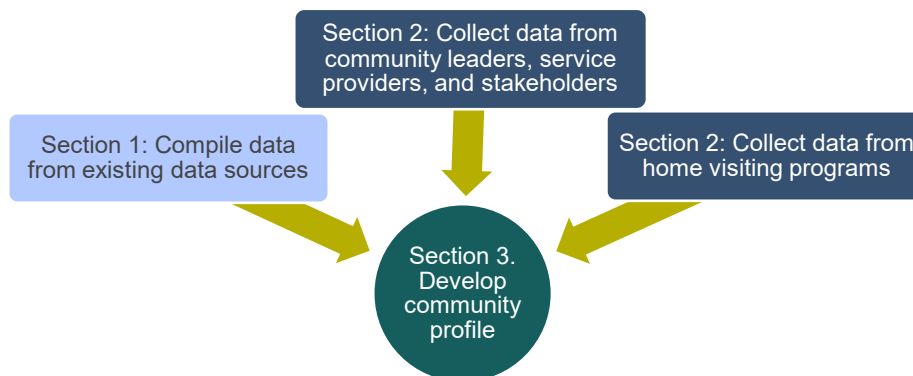
Action Steps

- Determine which primary data collection methods align with the target population, timeframe for collecting data, infrastructure, and budget.
 - Do you have the time, staffing and budget to conduct interviews? How many community leaders, service providers, and stakeholders would you like to interview?^{25, 26}
 - How would you structure and use focus groups to collect critical information? How many focus groups would you need to conduct?²⁷
 - Would a survey work in the community? How would you ensure a representative sample?²⁸
 - Would a listening session or public forum work better?²⁹
- Review the strengths and weaknesses of each approach as described in Step 5 (Assessing Community Readiness) of the *MIECHV Needs Assessment Guide*.
- Review [Appendix C](#) (Collecting Stakeholder Data) for sample questions for community stakeholders and home visiting staff to use to collect primary data across each readiness dimension. Adapt the questions to develop surveys and conduct interviews, focus groups, or public forums.

Section 3. Developing a Community Profile

Sections 1 and 2 focus on using secondary and primary data to provide insight into the community's attitudes toward home visiting as a mechanism to address family needs and into the community's capacity to support home visiting. This section focuses on synthesizing these data to develop a community profile (see Exhibit 6: Developing a Community Profile to Assess Readiness). The profile is a useful tool to help you determine the community's overall readiness to implement evidence-based home visiting services that meet the needs of MIECHV-eligible families.

Exhibit 6. Developing a Community Profile to Assess Readiness



Combining the Data

The Community Profile Worksheet in [Appendix D](#) contains a table in which you can compile the information from existing sources (Section 1: Compiling Existing Community Data) and stakeholders (Section 2: Collecting Stakeholder Data) to assess community knowledge, climate, leadership, and resources. It is important to sort the data by source to provide context and to include all the information you have gathered to create a comprehensive overview. The table is organized to capture impressions and concerns related to each readiness dimension. It also includes an area to note overall impressions.

Analyzing the Data: Two Options

Once you have sorted data into the Community Profile Worksheet ([Appendix D](#)), you will analyze them to create the community profile. This can be done using a scoring method based on the stages of readiness (see Exhibit 7: Stages of Community Readiness) or a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis.

- **Option 1: The scoring method** is based on the Community Readiness Model.³⁰ This approach enables you to determine the community’s overall level of readiness and its readiness level for each dimension, which can be particularly useful in identifying opportunities to target supports to programs.
 - [Appendix E](#): Generating a Community Profile provides a matrix representing the readiness dimensions and stages. The stages of readiness are numbered and described in both Exhibit 1 and Appendix E. For example—
 - Stage 2 is “denial/resistance” and is described as: *Some recognition that the family needs identified by the awardee are a problem, but community stakeholders do not recognize them as a local problem or believe that little can be done about them.*
 - For each dimension (column in the matrix—see Appendix E), place the number for the stage in the row that corresponds to your assessment of that dimension, based on the information included in Appendix D’s Community Profile Worksheet. The matrix accommodates only one score per column to represent the readiness stage for each dimension.
 - After working through each dimension, you should have five scores recorded. For example, a set of scores may look like this:
 - Community knowledge of family needs: 4
 - Community knowledge of home visiting: 3
 - Community climate: 5
 - Community leadership: 4
 - Community resources: 2
 - Calculate a mean or median score to create an overall readiness score for the community. For the example above, the mean score would be 3.6 and the median score would be 4; both put the community in Stage 4 (preplanning).
- **Option 2: The SWOT analysis** involves identifying strengths and weaknesses in the community (e.g., knowledge of the issue, programs, and activities currently offered; attitudes; data use) as well as opportunities and threats that exist outside the community (e.g., future demographic trends, state policies, leaders outside the community). A SWOT analysis can be an effective tool for analyzing local data and community input to inform the introduction of new programs and activities.³¹

- To use this option, examine the data you collected and sorted into the Community Profile Worksheet ([Appendix D](#)) to identify themes you can enter in the quadrants of the SWOT version of the Community Profile ([Appendix E](#)).
- To assess community readiness based on the themes, use the information in the SWOT tool to do the following:
 - Generate a qualitative assessment of community readiness.
 - Identify the readiness stage description (Exhibit 1) that best applies to the community. Although this approach does not identify levels of readiness associated with each dimension, it does identify the internal and external factors that might influence readiness and the implementation of home visiting services.
- Use this information to target supports that build on community strengths, address weaknesses, take advantage of opportunities, and mitigate threats.

Each analytic option has pros and cons. The scoring method provides both a score and description of the community's stage of readiness; the SWOT analysis provides a more conceptual assessment. It is not necessary to complete both options; however, you might find value in completing both and cross-referencing them to see where they augment or reinforce one another. For both options, consider using at least two reviewers from the state team or trained contractors to help ensure objectivity and add rigor to the findings.³²

Interpreting the Profile

Once you have created the community profile, consider what the identified stage of readiness means for the community and your MIECHV program. In addition, consider how the information can be applied to the overall needs assessment update and contribute to the decision of whether to implement or expand evidence-based home visiting in the community. For example—

- Clarify how the community's strengths can assist in program implementation and how to address any barriers to implementation.
- Understand which dimensions or factors from the community profile contribute to the readiness level and what this information suggests as next steps.
- Review sample actions for raising community readiness levels in [Community Readiness: A Handbook for Successful Change](#).³³ These strategies and activities been used with various communities to increase their levels of readiness.
- Work with the community to select strategies or activities appropriate to its stage of readiness. Ideas for sharing results with the community are discussed below.
- Answer the following questions from the *MIECHV Needs Assessment Guide* that were posed in the Introduction:

- What is the level of community buy-in for home visiting programs?
- What sectors in the community lend the strongest support?
- What resources would you need for expansion? What resources would you need to implement home visiting services in the community?
- What challenges do you anticipate, and what are some of the possible solutions?

Finally, an important step in the community readiness assessment process is to share results with the community itself. Sharing the results enables awardees to explore the dimensions or factors with the community. The results provide a roadmap to strengthen the community and inform a strategic plan for meeting the needs of new and expectant parents and their young children. The process allows for discussion about gaps in services and capacity of current organizations and programs, even if home visiting services will not be expanded in the coming year. It also strengthens the connections with other programs and builds new long-term partnerships and collaborations or improve existing ones.

Results can be shared through in-person or web-based meetings, or formal presentations. For more information about sharing these results and considering ways to coordinate these efforts with the broader statewide or territory-wide needs assessment update, see Step 9 (Report and Share Your Findings) in the *MIECHV Needs Assessment Guide*.

Exhibit 7. Stages of Community Readiness



Appendix A. Community Readiness Resources

	Resource	Location
1	ZERO TO THREE Home Visiting Community Planning Tool	https://www.zerotothree.org/resources/172-the-zero-to-three-home-visiting-community-planning-tool
2	<i>Community Readiness: A Handbook for Successful Change</i> , developed at Colorado State University	https://nccr.colostate.edu/wp-content/uploads/sites/51/2017/03/english.pdf
3	<i>Supporting the Growth of Home Visiting in Washington State: Final Report on the Rural Home Visiting Project</i>	https://thrivewa.org/wp-content/uploads/Rural_Home_Visiting_Final_Report.pdf
4	A Community Needs and Resources Assessment Toolkit for Prenatal–Grade 3 Initiatives	https://www.oregoncf.org/Templates/media/files/early_childhood/p3_alignment/p3_cnra_toolkit_web.pdf
5	Assessment of Foundational Capacity	Visit JBA at https://www.jbassoc.com/
6	Community Tool Box: Community Readiness, from the University of Kansas	https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/community-readiness/checklist
7	Community Readiness Assessment: Needs Assessment Guide for Early Childhood Social/Emotional Health and Development, from the state of Colorado	http://earlymilestones.org/wp-content/uploads/2016/02/Community-Readiness-Assessment-Guidance_final_rev.pdf
8	Parents as Teachers Readiness Reflection	https://static1.squarespace.com/static/56be46a6b6aa60dbb45e41a5/t/57e0034c8419c2abeec7d81c/1474298701680/2015_Readiness_Reflection.pdf
9	Healthy Families America Site Development Needs Assessment Guide	Visit Healthy Families America at https://www.healthyfamiliesamerica.org/

10	Home Instruction Program for Preschool Youngsters (HIPPY) Start-Up Manual	Visit HIPPY at https://www.hippyusa.org/contact
11	Family Spirit Readiness Tool	https://www.jhsph.edu/research/affiliated-programs/family-spirit/training/readiness-tool/
12	Nurse-Family Partnership Implementation Planning Tools	https://www.nursefamilypartnership.org/ipt2536/

Appendix B. Compiling Secondary Data Worksheet

This appendix includes the sample tables from Section 1 (Compiling Existing Community Data). The tables are intended to serve as data collection guides. As you work through compiling the secondary data for each dimension, enter the information for each table in this worksheet. Compiling the data in one form will create an in-depth picture of the community’s capacity for providing home visiting services. You may add rows or columns to the tables to meet your data collection needs. Make notes of the data sources to identify the data included in each table.

Gathering Data on the Readiness Dimensions

Develop a list of community services/agencies that support home visiting programs and the families they serve. Identify agencies that refer families to home visiting as well as services that home visitors refer families to. Use the considerations for compiling data below to develop a table like the sample.

Organization/Program	Service Description	Priority Population(s) Served	Referral Avenues to/From Home Visiting
<i>Beta Community Service</i>	<i>Beta provides screenings and early intervention services for children with special health care needs and disabilities.</i>	<i>Children with special health care needs and disabilities</i>	<i>Yes, currently refers to and receives referrals from Alpha Home Visiting Program</i>

Notes for Data Sources

Community Leadership

To assess readiness for this dimension, identify community leaders, stakeholders, and service providers who can provide feedback on the community's readiness to implement home visiting services. The process outlined in this dimension will help you develop a list of stakeholders who can provide supplemental information to the secondary data here.

Key Leader/Stakeholder	Affiliation	Title	Areas of Expertise	Likely Supports Home Visiting (Yes/No)
<i>Daphne Delta</i>	<i>Gamma Community Service</i>	<i>Family Support Manager</i>	<i>Trauma-informed care, substance abuse treatment</i>	Yes

Notes for Data Sources

Community Resources

Develop lists of sources for staff recruitment, professional development opportunities, and available funding. Use the considerations for compiling data below to develop a table like the sample.

Program	Sources for Recruiting Home Visiting Staff	Sources of Professional Development Opportunities	Potential Funding Sources
<i>Alpha Home Visiting Program</i>	<i>Early childhood education certificate program at Epsilon Community College</i>	<ul style="list-style-type: none"> • <i>Gamma Community Service trauma-informed care training</i> • <i>XYZ Online Home Visitor Training Library</i> • <i>QRS model implementation training</i> • <i>Department of Public Health Annual Maternal Morbidity and Mortality Conference</i> 	<ul style="list-style-type: none"> • <i>Children’s Trust Fund</i> • <i>Zora Zeta Local Foundation for Human Services</i> • <i>United Way</i>

Notes for Data Sources

Appendix C. Collecting Stakeholder Data: Sample Questions for Community Stakeholders

This appendix includes sample questions for community stakeholders adapted from the [Community Tool Box](#) and the [Community Readiness Model](#). The questions are organized by community readiness dimension and can be customized for interviews, focus groups, surveys, or public forums. The data collection methods selected will vary according to the priorities and resources of the MIECHV awardee. Some home visiting programs in the community may receive MIECHV funding and/or use an evidence-based model; others may not. For awardees focusing on specific services, the questions can be tailored to reflect that focus (e.g., mental health services, substance abuse treatment). This will allow the questions to be asked with greater specificity.

Definitions of Community Stakeholders

- **Community leaders** include people in the community who are aware of the broader scope of programming or who play an influential role in ensuring that new and expectant parents and their young children can receive the services they need (e.g., early childhood councils, home visiting champions, local funders, funders who support other programs in the community).
- **Community service providers** include early childhood providers, home visiting providers, program directors, managers or staff who can speak to their program and perhaps other programs serving similar populations or providing similar services (e.g., mental health or substance use services, providers serving new and expectant parents and their young children).
- **Home visiting programs** include program managers, supervisors, or home visitors who can provide information specific to their home visiting program or home visiting programs in the community. The questions designated for home visiting programs will probably not be able to be answered by other community service providers.
- **Other stakeholders** include parents, early childhood experts, academics, business owners, clergy or religious institutions, or other community members who can provide information about the community or are engaged in early childhood programs or with helping new and expectant parents and their young children but who are not community leaders or service providers.

Community Knowledge of Family Needs (Issues) and Home Visiting (Efforts)

Use the following questions to collect data from community stakeholders regarding their knowledge of issues within their community that can be addressed by home visiting (e.g., MIECHV benchmark areas) and current home visiting programs and services for expectant parents and families with young children.

Questions for Community Leaders

1. On a scale of 1 to 10, how much do you know about home visiting programs or initiatives in your community (1 is “no knowledge” and 10 is “detailed knowledge”)?
2. On a scale of 1 to 10, how much do you know about services in the community for new and expectant parents and their young children (1 is “no knowledge” and 10 is “detailed knowledge”)?
3. How widely used are programs in the community that serve expectant and new parents and young children?
4. Do you think that there is a need for additional home visiting services in the community? Why or why not? Which services are needed the most (e.g., economic self-sufficiency, mental health, substance use treatment)?
5. Are there any barriers for expectant or new parents to access services?
6. Are you aware of any plans to start or expand programs or services that address the needs of expectant or new parents and their young children? If yes, are they home visiting programs? Please explain.
7. Are there particular challenges a home visiting program may encounter when starting or expanding services in the community?

Questions for Community Service Providers (Including Home Visiting Programs)

1. On a scale of 1 to 10, how much do you know about home visiting programs or initiatives in your community (1 is “no knowledge” and 10 is “detailed knowledge”)?
2. On a scale of 1 to 10, how much do you know about programs serving new and expectant parents and their young children (1 is “no knowledge” and 10 is “detailed knowledge”)?
3. What are the strengths and weaknesses of home visiting programs in your community?
4. What are the strengths and weaknesses of the other programs serving new and expectant parents and their young children in your community? *Note: best suited for a more targeted population or topic.*

5. Do you think that there is a need for additional home visiting in the community? Why or why not? Which services are needed the most (e.g., economic self-sufficiency, education, mental health, substance use treatment)?
6. How does your agency or program learn or obtain information about current home visiting programs and services in the community? *Note: could be asked about communication related to other programs if there is no home visiting program in the community.*

Questions Specific to Home Visiting Programs

1. How widely used are home visiting programs in this community?
2. Does the need for home visiting services exceed your home visiting program's capacity? Does your program have a waitlist?
3. Are you aware of any plans to start or expand home visiting? If yes, please explain.
4. Are there particular challenges a home visiting program may encounter when starting or expanding services in the community?
5. What type of information is available in the community about home visiting services for expectant or new parents (e.g., newspaper articles, brochures, posters)?
6. What opportunities are available in this community for home visiting programs to assess indicators of need? Are there evaluations, research programs, or continuous quality improvement efforts?
7. What barriers do home visiting programs face in addressing service gaps or in providing services to address MIECHV priorities (e.g., geographic constraints, cultural differences, language needs)?
8. What data are available regarding home visiting programs or services?
9. Has an evaluation been conducted on home visiting programs or systems in the state? If so, was this community included in the evaluation? Which results might be useful in understanding the community?

Questions for Other Stakeholders

1. On a scale of 1 to 10, how much do you know about home visiting programs in your community (1 is "no knowledge" and 10 is "detailed knowledge")?
2. On a scale of 1 to 10, how much do you know about services for new and expectant parents and their young children (1 is "no knowledge" and 10 is "detailed knowledge")?
3. What are the strengths and weaknesses of the home visiting programs in your community?
4. What are the strengths and weaknesses of the other programs you know about that serve new and expectant parents and their young children in your community? *Note: best suited for a more targeted population or topic.*

5. Do you think that there is a need for additional home visiting services in the community? Why or why not? Which services are needed the most (e.g., economic self-sufficiency, education, mental health, substance use treatment)?
6. What type of information is available in the community about home visiting services (e.g., newspaper articles, brochures, posters)?

Community Climate

Use the following questions to collect data on community stakeholders' attitudes toward the issues addressed by home visiting, support (or lack thereof) for home visiting, and the expansion and development of home visiting programs.

Questions for Community Leaders

1. On a scale of 1 to 10, how much of a priority to community members is providing services for expectant and new parents and their young children (1 is “not a priority” and 10 is “the highest priority”)?
2. Are there community members who would oppose implementing or expanding home visiting services in the community for expectant and new parents and their young children? How? Why?
3. Have there been recent or adverse events (e.g., natural or other disaster) that have impacted the delivery of home visiting or other services to the community?
4. What advice would you give to someone implementing home visiting services in the community?

Questions for Community Service Providers (Including Home Visiting Programs)

1. On a scale of 1 to 10, how much of a priority to community members is providing services for expectant and new parents and their young children (1 is “not a priority” and 10 is “the highest priority”)?
2. Have there been recent or adverse events (e.g., natural or other disaster) that have impacted the delivery of home visiting or other services to the community?
3. What advice would you give to someone implementing home visiting services in the community?

Questions Specific to Home Visiting Programs

1. On a scale of 1 to 10, how supportive is the community for home visiting (1 is “not supportive” and 10 is “extremely supportive”)?
2. How do community members support home visiting programs (e.g., participate in planning, developing, or implementing efforts; allocate resources to community efforts)? *Note: this may be asked about programs in the community or about the respondent's home visiting program.*

3. To what extent do home visiting program staff reflect the community they serve?

Questions for Other Stakeholders

1. On a scale of 1 to 10, how much of a priority to community members is providing services for expectant and new parents and their young children (1 is “not a priority” and 10 is “the highest priority”)?
2. Are there community members who would oppose implementing or expanding home visiting services in the community for expectant and new parents and their young children? How? Why?
3. Have there been recent or adverse events (e.g., natural or other disaster) that have impacted the delivery of home visiting or other services to the community?
4. What advice would you give to someone implementing home visiting services in the community?

Community Leadership

Use the following questions to collect data about the attitudes of community leaders toward the issues addressed by home visiting and support (or lack thereof) for home visiting. The questions can be modified to get community members’ perspectives on the community leaders’ attitudes.

Questions for Community Leaders

1. How do community leaders demonstrate support for home visiting programs (e.g., participate in planning, developing, or implementing efforts; allocate resources to support community efforts)?
2. On a scale of 1 to 10, how strongly would community leaders support new or expanded efforts in the community to address the needs of expectant and new parents and their young children (1 is “not at all” and 10 is “very strongly”)?

Questions for Community Service Providers (Including Home Visiting Programs)

1. On a scale of 1 to 10, how would you rate your community’s prioritization of providing services to meet the needs of expectant and new parents and their young children (1 is “not a priority” and 10 is “the highest priority”)?
2. How do community leaders and administrators demonstrate support for programs that meet the needs of expectant and new parents and their young children (e.g., participate in planning, developing, or implementing efforts; allocate resources to support community efforts)?
3. On a scale of 1 to 10, how strongly would community leaders support new or expanded efforts in the community to address the needs of expectant and new parents and their young children (1 is “not at all” and 10 is “very strongly”)?

Questions Specific to Home Visiting Programs

1. How do community leaders and administrators demonstrate support for home visiting programs (e.g., participate in planning, developing, or implementing efforts; allocate resources to support community efforts)?

Questions for Other Stakeholders

1. On a scale of 1 to 10, how would you rate the community leadership's prioritization of providing services to meet the needs of expectant and new parents and their young children (1 is "not a priority" and 10 is "the highest priority")?
2. On a scale of 1 to 10, how strongly would community leaders support new or expanded efforts in the community to address the needs of expectant and new parents and their young children (1 is "not at all" and 10 is "very strongly")?

Community Resources

Use the following questions to collect data on the availability of local resources (e.g., labor force, local funding, management and infrastructure of local organizations) to support new or expanded home visiting programs and to address issues related to the MIECHV benchmarks.

Questions for Community Leaders

1. On a scale of 1 to 10, how would you assess the level of potential resources in the community to support home visiting services for expectant or new parents and their young children (1 is "none" and 10 is "highest level of resources")?
 - a. Financial donations from organizations and/or businesses?
 - b. Grant funding?
 - c. Space?
2. Would community members and leaders support using community resources for home visiting services for new or expectant parents and their young children? Please explain.
3. Are you aware of any proposals or action plans that have been submitted for funding to address services to new or expectant parents and their young children? If yes, please explain.
4. On a scale of 1 to 10, how would you rate training or professional development opportunities for those working with expectant or new parents and their young children (1 is "very low" and 10 is "very high")? Please explain.
5. Does the community have capacity to provide ongoing professional development through formal (e.g., community college, university); informal (e.g., continuing adult education); or online training opportunities?

Questions for Community Service Providers (Including Home Visiting Programs)

1. Do you think that community members and leaders would support using community resources for home visiting services for new or expectant parents and their young children? Please explain.
2. Are you aware of any proposals or action plans that have been submitted for funding to address services to new or expectant parents and their young children in the community? If yes, please explain.
3. On a scale of 1 to 10, how would you rate training or professional development opportunities in the community for those working with expectant or new parents and their young children (1 is “very low” and 10 is “very high”)? Please explain.
4. Does the community have capacity to provide ongoing professional development through formal (e.g., community college, university); informal (e.g., continuing adult education); or online training opportunities?

Questions Specific to Home Visiting Programs

1. On a scale of 1 to 10, what is the level of expertise and training among home visiting staff (1 is “very low” and 10 is “very high”)? Please explain.
2. Is there a sufficient labor pool in the community from which to draw potential candidates for home visiting staff positions? Do they have the requisite education, skills, and experience to fill the staff positions?

Questions for Other Stakeholders

1. Do you think that community members and leaders would support using community resources for home visiting services for new or expectant parents and their young children? Please explain.
2. Are you aware of any proposals or action plans that have been submitted for funding to address services to new or expectant parents and their young children in the community? If yes, please explain.
3. On a scale of 1 to 10, how would you rate training or professional development opportunities in the community for those working with expectant or new parents and their young children (1 is “very low” and 10 is “very high”)? Please explain.

Appendix D. Community Profile Worksheet

The worksheet below will help you combine the community-level data gathered in Section 1 (Compiling Existing Community Data) and Section 2 (Collecting Stakeholder Data).

Community Name				
Use the information gathered to capture promising and concerning highlights related to each readiness dimension.				
	Existing Data (From Section 1)		Stakeholder Data (From Section 2)	
	Promising	Concerning	Promising	Concerning
Community Knowledge of Family Needs (Issues) <ul style="list-style-type: none"> Extent to which community stakeholders acknowledge home visiting as an effective strategy to address family needs 				
Community Knowledge of Home Visiting (Efforts) <ul style="list-style-type: none"> Extent to which the need for services exceeds the community's current capacity Level of community support for new or expanded home visiting to fill service gaps 				
Community Climate				

<ul style="list-style-type: none"> • Level of support for home visiting • Level of collaboration among existing service providers 				
<p>Community Leadership</p> <ul style="list-style-type: none"> • General level of support for new or expanded home visiting • Level of support from leadership for new or expanded home visiting to fill service gaps 				
<p>Community Resources</p> <ul style="list-style-type: none"> • Extent to which human resources and opportunities for professional development are available • Availability of existing resources that can support implementation or expansion of home visiting 				
<p>Overall impressions:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>				

Appendix E. Generating a Community Profile

Scoring Method

In each community readiness dimension (column), write the number that corresponds to the community’s stage of readiness. For example, if the stage of readiness associated with a community’s knowledge of family needs is “denial/resistance,” put a 2 in that column. For additional instructions on using the matrix, see Section 3: Developing a Community Profile.

Stage of Readiness		Community Readiness Dimensions				
Score	Description of Stage	Community Knowledge of Family Needs (Issues)	Community Knowledge of Home Visiting (Efforts)	Community Climate	Community Leadership	Community Resources
1	No awareness <i>The family needs identified by the awardee are not recognized as a problem by community stakeholders.</i>					
2	Denial/resistance <i>There is some recognition that the family needs identified by the awardee are a problem, but community stakeholders do not recognize them as a local problem or believe little can be done about them.</i>					
3	Vague awareness <i>Community stakeholders believe that</i>					

	<i>the family needs identified by the awardee are a local problem, but motivation is lacking to address them.</i>					
4	Preplanning <i>Community stakeholders recognize the family needs identified by the awardee as a problem, but the community lacks an organized approach to address them.</i>					
5	Preparation <i>Planning is ongoing to address the family needs identified by the awardee, and community leaders are engaged. Community support is modest.</i>					
6	Initiation <i>Enough information has been gathered to justify efforts, and home visiting activities have recently been implemented.</i>					
7	Stabilization <i>Home visiting activities are under way, viewed as stable, and supported by community leaders.</i>					
8	Confirmation/expansion <i>Home visiting activities are in place and being used by community members, and the community favors expansion. Data are being collected,</i>					

	<i>and home visiting activities have been evaluated.</i>					
9	High level of community ownership <i>The community has an advanced knowledge of family needs, uses data to guide modifications to home visiting activities, and holds programs accountable.</i>					

To calculate the mean: Add the scores across the readiness dimensions and divide by 5 (the total number of dimensions). The result will correspond to the overall stage of readiness for the community. For example, if the community’s average score is 4, its readiness stage is preplanning. If the mean is not a whole number (e.g., 4.5), round to the nearest whole number or review the descriptions of Stages 4 and 5 to determine which stage best reflects the community’s level of readiness.

To calculate the median: Rank the scores from smallest to largest; the middle (third) number is the median. As with the mean, the result will correspond to the overall stage of readiness for the community.

Why might I use the median instead of the mean? If your community scores are all close together, the mean and median will likely be very close (i.e., within one stage). If your numbers are spread out (e.g., 1, 2, 3, 9, 9), the mean would be 4.8 (rounded to Stage 5, preparation) and the median would be 3 (vague awareness). Review the descriptions of Stages 3–5 to determine the level of readiness.

AVERAGE SCORE = _____

CORRESPONDING LEVEL OF READINESS = _____

SWOT Analysis

To complete the SWOT analysis, review all primary and secondary data and identify common themes related to community strengths and weaknesses, as well as opportunities and threats that exist outside the community. Place these themes in the appropriate quadrants below.

(For more information on conducting a SWOT analysis to examine internal and external factors, see the resources provided by the [Centers for Disease Control and Prevention](#) and the [Community Tool Box](#).^{34,35})

Strengths	Weaknesses
Opportunities	Threats

Use the information in each quadrant to assess the community’s strengths, weaknesses, opportunities, and threats as they relate to the community’s readiness to support home visiting services. Reference Exhibit 1 to see how this information corresponds to the stages of community readiness. Indicate the stage of readiness below.

Readiness stage:

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