Predicting Community Readiness for Substance Misuse Prevention based on a Survey of Community Partners

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Mental Health & Addiction Services

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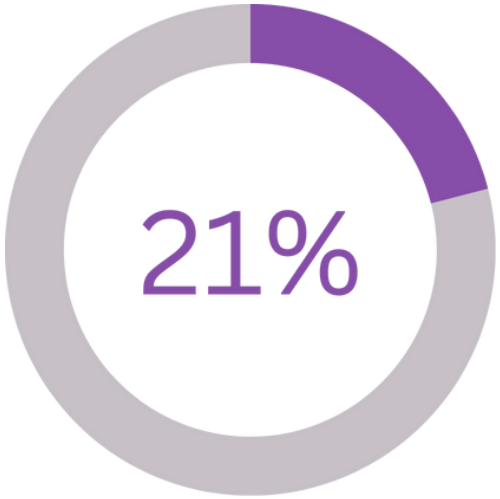
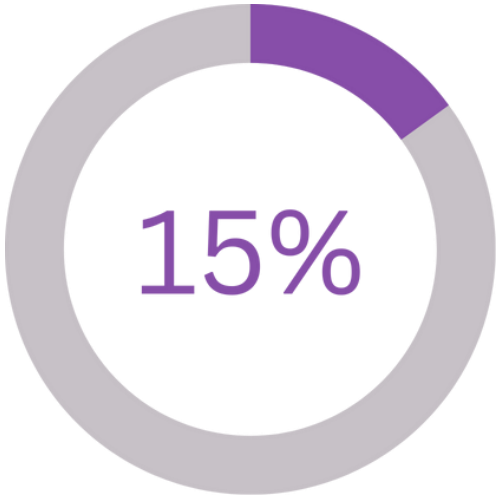
Learning Objectives

1. Describe which factors drive community readiness for substance misuse prevention.
2. Recognize key elements of capacity that are relevant to a community's readiness.
3. Identify key areas where action can be taken to increase readiness for substance misuse prevention at a community level.

Adolescent Substance Use in Connecticut



of high school students reported current use* of alcohol



of high school students reported current use* of marijuana

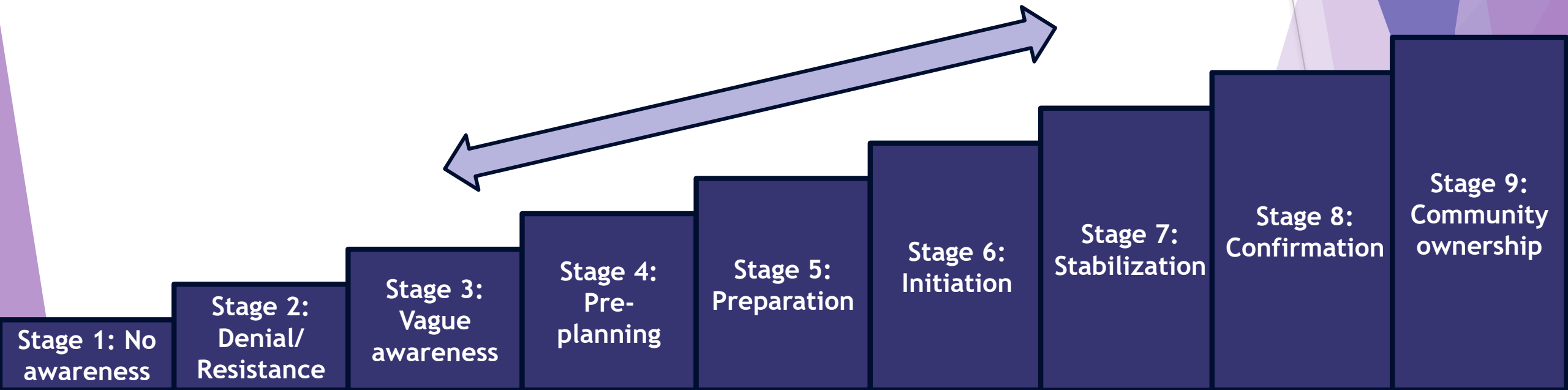
Source: CSHS, 2023

*current use = used substance at least once in the past 30 days


Community knowledge of the issue
Community concern
Data
Community Readiness
Resources
Community culture/ climate
Community knowledge of efforts
Leadership

How Do We Measure Community Readiness?

- Community Readiness Model (CRM)
  - 2nd edition developed by Oetting et al., 2014



Community Readiness Survey (CRS)

- Statewide survey designed to assess CT's readiness for substance misuse prevention at a community level
- Developed using the Community Readiness Model (CRM)
  - Partnership including the Department of Mental Health and Addiction Services (DMHAS), regional planning partners, the Connecticut Clearinghouse, and the UConn School of Medicine
- Respondent pool: key informants* identified by Regional Behavioral Health Action Organizations (RBHAOs)
- The CRM and its nine stages were used to select survey items discussed in the following presentation.

*key informant= someone who is knowledgeable about the issue of concern and the community

Methods – Sample

- Data source: 2022 CRS
  - All 169 CT towns & cities were represented in the survey
- Majority of key informants (n = 1202)
  - ages 36-65 (73.4%)
  - female-identifying (71.5%)
  - non-Hispanic (94.1%)
  - White* (88.5%)
  - represented suburban communities (43.4%)
  - represented*
    - schools (27.9%),
    - parents (26.5%), and/or
    - youth-serving organizations (22.9%)

*Race and sector are not comprised of mutually exclusive groups; respondents could select multiple options.

Methods – Measures

- **I think that most residents in this town/city...**

  Are concerned about preventing substance misuse.

  Strongly agree ... *Strongly disagree*

- **To what extent are the following elements barriers to or assets for alcohol and other drug prevention activities in the town/city?**

  Availability of leadership.

  A great barrier ... *Neither barrier nor an asset* ... *A great asset*

- **How would you rate the town/city's current ability to undertake the following activities?**

  Collect data on the nature of local behavioral health problems.

  None ... *Moderate* ... *Very high*

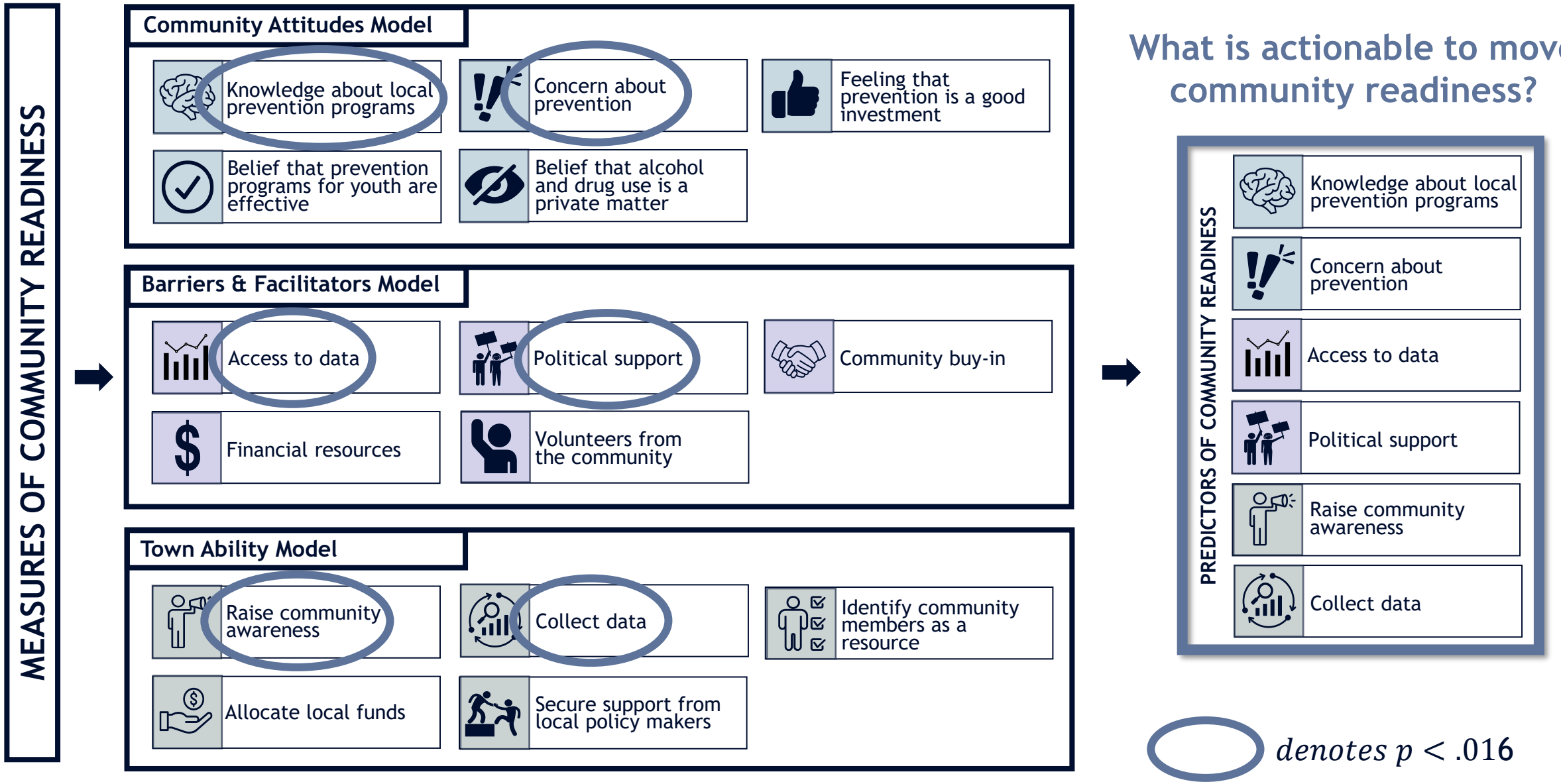
Methods – Analysis

- Three linear regression models predicting community readiness stage
  - Community attitudes
  - Barriers and facilitators
  - Town/community ability
- To account for multiple analyses (three models), the alpha level for regression analyses was set using a Bonferroni correction:

$$\alpha = \frac{.05}{3} = .017$$

Statistical analyses were conducted using R and IBM Statistics SPSS version 29.

Community Readiness for Substance Misuse Prevention



Discussion

IMPLICATIONS FOR PRACTICE, POLICY, & RESEARCH



Build community capacity



Advocate for policy change



Increase availability of data

Raise community awareness

Considerations & Limitations

- Samples for each model were different sizes because of missing responses
  - However, respondent makeup was similar across models
- Predictors for model were chosen based on theory (CRM)
- Statistical results should be interpreted with caution due to violation of constant variance assumption
- Actionable predictors may differ by community type
- The Community Readiness Survey does not explicitly define “political support” and thus it may be interpreted in various ways by respondents

Next Steps

What can you do with this information?

- Bring it back to your community!
  - We hope that these results can help you identify where to focus resources to bolster community readiness.

Further Research

- Do these predictors differ by community type?
- Are these predictors also actionable for community readiness for mental health promotion?

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Thank you!

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