



Community Readiness Assessment

Community Readiness Assessment

Now that you have background information on CRC, you are prepared to conduct a readiness assessment. A readiness assessment determines what kind of program you can efficiently and effectively provide. It assesses what is being done in your community so you can build from existing efforts. If your community is not yet ready to implement a screening program, this chapter can identify how to prepare your community to increase CRC awareness and screening. Programs may vary from general community education to improving methods of colorectal cancer screening at clinics. In addition, the readiness assessment can be used as an evaluation tool after implementation.

A community readiness assessment is important to developing a successful program or plan. The assessment tool provided can be utilized with limited resources. If your community has the capacity to expand on the assessment tools offered, it is highly suggested you do so. This toolkit has a brief assessment (Tool 4.1) that can be found in the pocket at the end of this chapter.

Levels of Readiness

This chapter defines four levels of readiness. Each level builds off the previous level.

You can use questions to evaluate necessary resources and/or potential barriers to address before moving on to the next level. The provided assessment is in the form of a short survey. Responses will be “yes” or “no” to all questions. The survey should take about ten minutes to complete and can be found in the toolkit pocket of this chapter (Tool 4.1: Levels of Readiness Assessment).

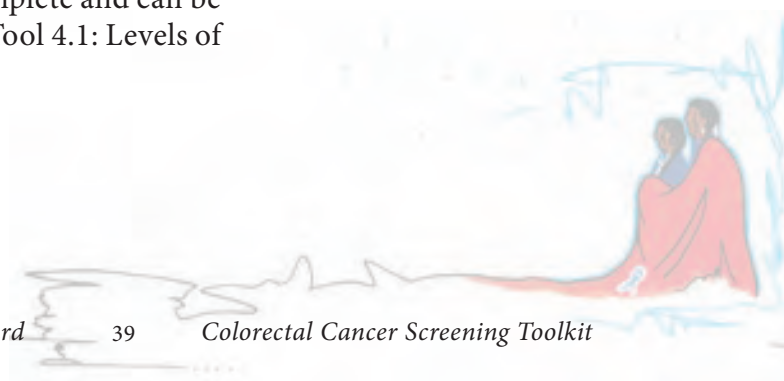


“Coming through these doors is a very, very big step for a lot of our people. This is not really within our cultural realm to talk about things like this.”

— Stella Washines

**Tribal Council,
Yakama Nation, Washington**

Courtesy: 2002 President's Cancer
Panel



Questions are categorized into the following four levels:

1. Community awareness
2. Individual awareness and motivation
3. Community and administrative capacity
4. Clinical practice and systems of care

Successful screening and awareness programs will move through the levels in order. For example, communities shouldn't focus on individual awareness and motivation until overall community awareness of CRC screening and prevention is in place. Levels are outlined in detail below and can be used as a roadmap for program development.

Program readiness can be simply and quickly assessed. ¹Listed below is a step by step process to conducting a brief assessment in your community.

1. Define your target population. For most communities, this will be all residents aged 50 to 75. Some communities may want to have an education portion that is targeted to a larger section of the community. If so, think about where your program will take place and who it will impact?
2. Identify a representative sample of community members to complete the assessment survey. This assessment is intended to be completed by at least one person involved in the development and implementation of the program. Your community's level of readiness will be more accurate if it is completed by multiple people. Ideally community members who complete the assessment will be representative of a diverse range of program stakeholders, including clinicians, CHRs, PHNs, community leaders, or patients.
3. Take the assessment survey yourself and administer the assessment survey to community members.
 - a. ** If you have more time and/or resources available, consider conducting a group discussion among key informants or individual key informant interviews. Adapt questions from the survey so they are open-ended. Responses can highlight specific strengths of existing prevention or screening efforts and may provide strategies or ideas for developing program focus area and materials.

For more thorough readiness assessment materials, see:

www.TriEthnicCenter.ColoState.edu and <http://ctb.ku.edu>



4. Analyze the results of the surveys according to level descriptions detailed below. If participants answer “yes” to every question in a level, program components in that level are already being addressed. Any “no” responses indicate an opportunity to work within that level.

Understanding Levels of Readiness

Each level indicates a different kind of community-based program. Assessment responses will be fundamental in identifying program objectives, strategies and actions. The assessment may also point out potential barriers in your community. Communities may have barriers that will slow or even prevent screening. Some potential barriers have been outlined below, however, it is important that you discuss and brainstorm other potential barriers in your community.

Level One- Community Awareness

Community awareness is a fundamental component of your colorectal cancer prevention and screening program. Responses in level one determine preventative and awareness efforts that exist within your community and indicate areas your program should address. Additionally, any “no” answers may indicate potential barriers in the development and implementation of your program. Some barriers related to level one include but are not limited to:

- a. Limited knowledge of CRC
- b. Limited knowledge on CRC risk factors and risk reduction
- c. Limited knowledge on CRC screening methods
- d. Community resistance
- e. Socio-cultural barriers (e.g., sensitivity to discussing CRC or methods for screening)

Program resources and activities that address potential program areas and barriers within the community are discussed in Chapter six, Program Implementation. Chapter three has risk reduction and prevention information and chapters five and six have specific methods to develop and implement a community screening education and outreach program at level one.

Now that you understand the level of CRC awareness in your community, you can assess individual awareness and motivation.



Level Two- Individual Awareness and Motivation

General community knowledge and marketing of colorectal cancer screening is not enough to make a significant impact on increasing screening rates. Although screening and prevention media exists in the community, individual members may not necessarily be exposed to it. This level ensures individuals in the community are aware of CRC, screening and prevention methods, and how or where to access screening. This level also focuses on increasing participation rates of individual community members who decide to be screened for CRC. Individual motivation is crucial to the success of your screening program. Responses to questions in Level two determine individual motivations and behaviors and indicate possible barriers among individuals. Some barriers related to Level two include:

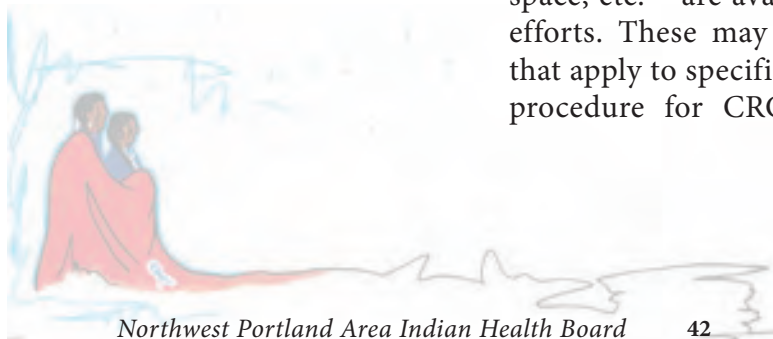
- a. Embarrassment of being screened
- b. Limited exposure to CRC media campaigns
- c. Financial concerns related to cost of screening
- d. Financial concerns related to cost of treatment
- e. Individual Education level
- f. Language barriers
- g. Socio-cultural barriers

The training activities and processes necessary for individual capacity building at level two are addressed in chapter six, Program Implementation and chapter seven, Communication and Collaboration between Community and Clinical Programs.

With both community and individual awareness established, how will administrative policies and the community support a CRC screening and prevention program?

Level Three- Community and administrative capacity

Community and administrative capacity is the community's ability to ensure that local resources – people, time, money, space, etc. – are available to support prevention and screening efforts. These may include administrative and local policies that apply to specific populations or that designate a particular procedure for CRC screening. Policies should be tailored

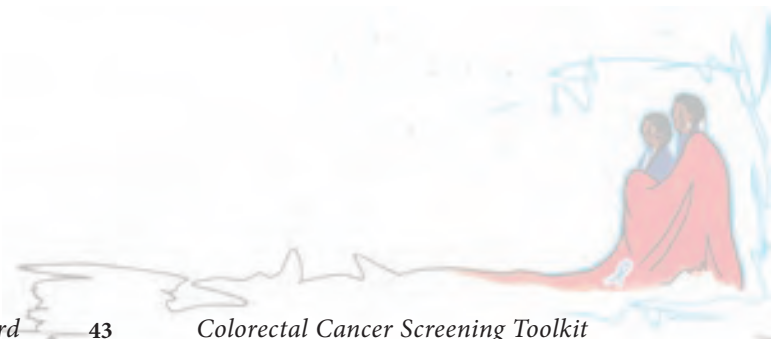


to your community's needs and have Tribal Council, health board, administration, and clinical/nursing team support. This level describes whether the community is equipped for a screening program, and if not, helps determine capacity building opportunities. Potential barriers in community and administrative capacity include:

- a. Lack of Tribal Council support
- b. Institutional barriers
- c. Lack of staff time allocated for CRC education or collaboration with health care providers
- d. Minimal investment from important stakeholders (e.g., potential funders or community leaders)
- e. Leaders of change are not aware of or do not support CRC screening
- f. Not enough resources (e.g., funding) for a CRC prevention program
- g. Community members do not have easy access to a screening site
- h. Clinic or healthcare providers are not aware of CRC screening and prevention efforts
- i. Community health workers and health care providers do not collaborate on prevention efforts

Program planning and implementation resources for building community capacity are addressed in Chapter five and six. Methods for engaging community leaders, key stake holders and addressing issues of access or lack of resources are also addressed in chapter five. Materials and resources regarding collaboration between community education and outreach efforts and clinical screening programs are provided in chapter seven. Specific clinic and health care provider activities and information are included in chapter eight.

Once community, individual, and administrative support are assessed, you can examine the local clinical practices and systems of care for CRC screening.



Level Four- Clinic Practice and Systems

Clinical practice and systems preparedness is a clinic's ability to actually screen or refer patients to appropriate screening facilities. Once this component is in place, office policies should be set up to address ongoing support—such as patient follow-ups and patient reminders—to ensure that patients are screened at the appropriate times and receive appropriate referrals and follow-up care. Responses to questions in level four identify existing strategies and protocols to recruit and retain eligible patients for screening. Responses will elucidate areas of improvement and barriers to conducting an effective clinical screening program. Some barriers include:

- a. Outdated knowledge
- b. Inconsistent or no guidelines
- c. Overestimation of screening rates
- d. Cost and reimbursement for screening tests
- e. Inadequate resources
- f. Lack of health care providers
- g. No outreach protocol to recruit or remind patients to be screened
- h. Lack of follow-up protocol
- i. Lack of connection with referral clinic for colonoscopies

Developing, implementing, and conducting clinical screenings for your community at level four is detailed in chapter eight.

The assessment results will prepare you to think about the context of your CRC prevention and screening program. Different communities will have different programs. The results will point to whether your program should take place in the community, in the clinics, or in a combination of the two. Results of the readiness assessments will need to be interpreted and part of program planning.



Readiness Assessment Chapter Summary:

This chapter discussed how to conduct a readiness assessment for CRC screening programs. Levels of readiness were introduced and explained. Levels included: (1) community awareness, (2) individual awareness and motivation, (3) community and administrative capacity, and (4) clinical practice and systems. This chapter also identified later chapters that will help you create relevant program activities depending on your community's level of readiness. Planning a program according to your community's level of readiness will contribute to the overall success of the program. Successful programs will increase the number of individuals who are screened for colorectal cancer and ultimately decrease mortality from colorectal cancer.

Tool Box Description

4.1 Readiness Assessment Survey

- This Readiness Assessment Survey is a detailed list of questions that you and other stakeholders can take to determine the kind of program is appropriate for your community.
- Give this survey to as many people who may be connected with CRC screening or program planning as possible.

