

FAIRMONT, MINNESOTA

BACKGROUND: How the Survey was Developed

The Community Readiness Survey was developed the hard way. To illustrate, allow us to use an exaggerated example. For years, prevention professionals have worked with communities with the goal of preventing alcohol, tobacco, other drug (ATOD) abuse and problem gambling among young people and adults. Armed with expertise, strategies, training, and good intentions, they would go into Community A and achieve some degree of success. That is, the community would embrace their efforts and make changes. However, they would go into Community B, armed with exactly the same skill set, and flop. What made the difference?

After having done this “enough times,” we began to learn. *Perhaps we needed to consider the community itself and residents’ level of readiness* to accept both the problem and our suggested strategies. Maybe one community was at a different level of readiness than another. Perhaps we needed to match strategies to the community, instead of using a “one size fits all” approach.

Hence, the Community Readiness Survey was developed. Its purpose is to assess attitudes of residents in a community to ascertain their level of readiness for prevention services regarding alcohol, tobacco, other drug abuse, and problem gambling.

COMMUNITY-LEVEL ASSESSMENT: How the Community Readiness Survey Fits into the Big Picture

Think of community-level assessment as a three-legged stool.

The first leg is comprised of data on actual use rates: To what extent do young people and adults in the community actually use alcohol, tobacco, and other drugs? To what extent do they gamble? We typically obtain these data from school, adult, or household surveys. This information lets us know to what extent ATOD and gambling problems actually exist in the community.

The second leg is an “infrastructure” assessment: What agencies exist in the community to deal with alcohol, tobacco, other drug abuse, and gambling problems? What resources are in place? How do community leaders view these issues? When meetings are held in the community to discuss ATOD and gambling problems, what sectors are represented, and what are their views?

The third leg assesses resident attitudes and community norms. How do residents view ATOD and gambling problems in the community? How prepared do they feel to take action? How much support would they lend to dealing with these issues? This is where the Community Readiness Survey comes in.

If we gather data on actual use rates, conduct a formal or informal infrastructure assessment, and have information on resident attitudes and community norms, we have a fairly complete picture of the community regarding ATOD abuse and problem gambling.

PSYCHOMETRICS: The Science Behind the Survey

Development of the Community Readiness Survey began in the late 1990s. Originally, the survey was about 100 items in length, focused on ATOD, and validated with 15,000 residents in 30 Minnesota communities. This validation process is described in a manuscript entitled “The Community Readiness Survey: Development and Initial Validation” published in the February 2001 issue of *Evaluation Review*.

Since that publication, survey development has continued. In 2001, prevention professionals from ten states were asked to rate data from 50 communities using the ATOD items. Using a technique called Q-sort, they determined which communities were low and high on five domains or scales of readiness on the ATOD items. Using their ratings, we were able to empirically establish low and high levels of readiness to serve as benchmarks for future communities conducting the survey. This process is described in a manuscript entitled “Community Readiness Survey: Norm Development Using a Q-Sort Process” (*Journal of Child & Adolescent Substance Abuse*, Volume 16, 2006).

In 2005, the survey was expanded to include gambling. Survey items were reviewed by experts in problem gambling prevention. The survey was also tested in three focus groups: (1) young adults aged 18-30, (2) adults aged 31-55, and (3) seniors aged 56 and older. The survey was then field tested in three communities with varying levels of gambling activity.

FIVE DOMAINS (SCALES): What the Survey Measures

Perception of an ATODG Problem Within Community. To what extent do residents perceive alcohol, tobacco, other drug use, and gambling by teens and adults to be a problem? To what extent do they see teens smoking in public? Adults and teens drinking in public? Teens and adults gambling?

How able are they to connect crashes or injuries and violent crimes to alcohol and drug use? Do they perceive a link between problem gambling and financial problems or crimes? In other words, what is the level of awareness among residents regarding these issues?

Permissive Attitudes Toward ATODG Use. Even if residents perceive a problem, they may feel it is “no big deal” or “okay” for such problems to exist among teens and adults. What are the community’s norms on ATOD use and gambling? To what extent do residents endorse beliefs such as “Kids who experiment with alcohol or other drugs almost always grow out of it,” or “It’s okay for teens to play poker for money.” How much do they believe it’s okay to provide alcohol to their own children and other young people?

Support for ATODG Policy and Prevention. To what extent do residents believe in the basic concept of prevention? Who should take responsibility for prevention? Would they be willing to increase taxes or volunteer time to support prevention efforts?

Adolescent Access to Alcohol, Tobacco, and Gambling. How difficult do residents believe it is for young people to get access to alcohol, tobacco products, and gambling in the community? Are commercial or social sources perceived as providing easier access for young people?

Perception of Community Apathy. Would this community mobilize around any issue, let alone ATOD abuse or problem gambling? What is the level of overall community commitment or apathy?

METHODOLOGY: How the Survey was Conducted

A random sample of 600 residents was drawn from listed telephone numbers in Fairmont, Minnesota. A prenotification letter, individually addressed, was sent to each selected community member. This prenotification letter was on NO To Tobacco, Other Drugs and Alcohol for Youth letterhead and signed by Don Richards and Bob Wallace. The purpose of this letter was to inform residents that the survey would be coming to them, that it was important, and that the results would be used to help the community deal with alcohol, tobacco, other drug abuse, and problem gambling.

A week later, a survey packet was mailed to each member of the sample. It contained the survey, a self-addressed postage-paid envelope, a cover letter from the Minnesota Institute of Public Health, and a refrigerator magnet.

One week following the mailing of the survey packet, a reminder postcard was mailed to each member of the sample. If a potential respondent had lost or misplaced his or her survey, he or she was invited to call the Minnesota Institute of Public Health's 1-800 number and request a second survey.

To boost response rates, numerous strategies were implemented. First, three mailings were sent to potential respondents. Notifying persons in advance and sending them a reminder helped sample members know that the survey was important. Second, the prenotification letter was sent on local letterhead. Thus, potential respondents would feel that filling out the survey would make a local impact—not that data would go to some large, aggregate database in the sky! Third, “background buzz” was created in the community that may have piqued residents' curiosity and provided additional information about why the survey was being conducted. Fourth, the survey was anonymous. Persons who filled it out were not asked to write their names anywhere on the survey. And finally, including an incentive provided a small thank you to respondents, allowing them to know that their contribution was acknowledged in some way.

35 percent (n = 204) of the eligible sample responded to the survey. (22 surveys were returned as undeliverable; this number was thus subtracted from the sample of 600 and deemed ineligible.) A response rate of 35% is considered good.

Sample Characteristics

- Nearly half (45%) of the respondents were age 54 and below. An additional 32% were age 65 or older. Our experience has been that senior citizens respond to this survey at higher rates than their population numbers warrant.

We have speculated on why this occurs and several explanations have been offered: (1) Seniors may have more time than other age group respondents; (2) They may care about the issue, that is, they are concerned about young people and their peers regarding alcohol, tobacco, other drug abuse, and problem gambling; (3) They may be responding to the official looking nature of the survey due to respect for “official-looking documents” (typical of their generation); (4) The survey comes to them in the mail, and they do not have to transport themselves somewhere to take it or give input.

When we consider the high number of seniors that respond, we may wish to seek means of further involving them in ATOD and problem gambling prevention. Can we find ways to use them as volunteers? Can we go to where they are, as opposed to holding meetings that require seniors transporting themselves to us or a meeting location? In what specific ways do they care about this issue, and how can we better involve them with our young people?

- Approximately equal numbers of males and females responded to this survey (44% and 51%, respectively). (Totals may not sum to 100% due to missing data.) Our experience has been that, in contrast to many surveys that have higher proportions of female respondents, this survey has many male respondents as well.
- In terms of level of education, there seem to be three groups of persons represented: (1) 35% have a college degree or higher; (2) 33% have a high school degree or lower; and (3) 28% have some college or vocational/technical training. (Totals may not sum to 100% due to missing data.) Is there a socioeconomic split in the community among these groups in terms of attitudes, norms, beliefs, and behavior about substance use? If so, how would prevention efforts be geared differently toward them?
- The majority of respondents (95%) are White. In addition, 0% are American Indian, 0% are Asian or Pacific Islander, 0% are Black or African American, and 0% are Latino or Hispanic. (Totals may not sum to 100% due to missing data.)

- Twenty-eight percent (28%) are parents or primary caregivers of child(ren) under 21. Of these, 17% are parents of adolescents (ages 13-17). Again, parents are a group, not surprisingly, that tend to respond to this survey in greater numbers than their population numbers warrant.
- Sixty percent (60%) of the sample say they recall an alcohol or drug related youth death in the community in the last 12 months. In contrast, only 47% report that in the last 12 months, they have heard of an incident such as a prominent person embezzling money or participating in other illegal activities to support a gambling problem.

Domain I. Perception of an ATODG Problem within Community

To what extent do residents perceive alcohol, tobacco, other drug use, and gambling by teens and adults to be a problem?

Interpreting scores on this domain: Higher scores on this domain mean residents have a higher perception of problems associated with alcohol, tobacco, other drug use, and gambling.

Higher score = more perception of a problem

Lower score = less perception of a problem

How much of a problem is...by teenagers?

In general, we see that community members judged alcohol and tobacco use by teens to be a more serious problem than methamphetamine, marijuana, and other drug use (81% and 78%, respectively, judged these as moderate or serious problems compared to 68%, 63%, and 51%, respectively).

Communities in which we have seen exceptions to this pattern are those in which overt drug use, usually accompanied by violence or even gangs, is evident. People in these communities have told us that tackling drug use may be an uphill battle until poverty, unemployment, health care, etc. are addressed. In most communities, though, alcohol and tobacco use by teens is seen as a greater and more pervasive problem than marijuana, methamphetamine and other drug use.

Gambling by teens was seen as least problematic (18% judged it as a moderate or serious problem). Forty percent (40%) of respondents said they “don’t know” the extent to which gambling is a moderate or serious problem. This percentage was larger than the percentage that judged it as a moderate or serious problem.

How much of a problem is...by adults age 18 – 20?

When we examine the percentages asking how serious these problems are for adults aged 18-20, we see that alcohol was ranked highest in terms of seriousness (82% judged it as moderate or serious problem), followed by tobacco (80% judged it as moderate or serious). Methamphetamine use was also seen as an important problem (78% judged it as moderate or serious). Marijuana and other drug use were seen as fairly serious (69% and 52%, respectively, judged these as a moderate or serious problems). Gambling ranked last (31% judged it as a moderate or serious problem).

How much of a problem is...by adults age 21 – 54?

For adults age 21-54, methamphetamine use was judged as being the most serious problem, followed closely by tobacco and then alcohol use (72%, 71%, and 66%, respectively, judged these as moderate or serious problems). Marijuana ranked next (59% judged it as moderate or serious). Other drugs and gambling were substantially lower in terms of seriousness (46% and 43%, respectively, judged these as moderate or serious problems).

We see that for this age group, in contrast to the two younger age groups, gambling rose in prominence.

In most communities, tobacco and alcohol are always the “top two” substances rated as most serious for these three age groups (teenagers, adults 18-20, adults 21-54). However, in this community, methamphetamine use was rated as the most serious problem for adults aged 21-54.

How much of a problem is...by adults age 55 and older?

Only for adults age 55 and older does the pattern change substantially. Tobacco was rated most serious (55% judged it as a moderate or serious problem), followed by gambling and then alcohol (50% and 40%, respectively, judged these as moderate or serious).

Far fewer respondents rated methamphetamines, marijuana, and other drug use to be moderate or serious problems for this age group (23%, 19%, and 18%, respectively). Interestingly, on these three substances, the percentage of respondents who indicated that they did not know the extent to which these were moderate or serious problems (28%, 25%, and 35%, respectively) exceeded the percentages who judged them as a moderate or serious problems.

Where does your community rate the seriousness of this issue? The lower the percentages, the less residents believe ATOD use and gambling to be a problem for teens and adults. The higher the percentages, the more they view it as a concern and perhaps, the more willing they will be to tackle the issue.

Lower percentages may occur for a variety of reasons. In some situations, the community has been actively working on ATOD and/or problem gambling prevention, and the survey results reflect those efforts. For example, we have conducted the Community Readiness survey in communities that have had active anti-tobacco coalitions for a number of years. Results show that residents believe tobacco use to be a minor problem, not because they are in denial, but because community-wide efforts, individual and environmental, have been in place long enough to reflect fewer perceived problems. This reinforces the value of coupling your Community Readiness Survey results with measures of actual use rates.

In other communities, residents are simply not aware of ATOD use and gambling problems among teens and adults. In these communities, efforts to increase public awareness are especially important.

What about those cases in which use rates have gone down, but perception of a problem remains high? Then, it's time to tell community members and youth that their efforts have made a real difference. Sometimes we are afraid to believe our own success. It may be easier to continue focusing on eradicating a problem, instead of moving in a new and tentative direction. The danger, though, of not doing so is that community members will become discouraged. If successful efforts are not recognized as such, then people begin to wonder what does constitute "success." So, if use rates have declined but perceptions lag behind, let people know!

Also, pay attention to the percentage of respondents who said they "don't know" the extent to which substance use and gambling are a problem. The percentage of respondents who say "don't know" to these items are what we call the "room to grow" group. Awareness efforts can help bring knowledge to those who currently say they "don't know."

How often do you hear about or see...?

The most common phenomenon noted by respondents is that of teen smoking (57% said they see this often or very often). In many communities, tobacco use by teens is judged to be commonplace. Yet, we know that tobacco is often a gateway to alcohol and other drug use for youth. Moreover, when we see youth "hanging out" and smoking, we often have an uneasy feeling—quite a different feeling than when we see them playing ball, for example. Perhaps we need to pay attention to public smoking by teens and find some means of making it less acceptable.

Gambling by seniors is also commonly visible (41% said they see this often or very often). However, gambling by teens is hardly seen at all (only 4% said they see this often or very often). Perhaps this is one reason why gambling is viewed as the least problematic of the substances on the charts we just examined for the younger age groups (see previous pages).

More adults are seen drunk in public as compared to teens (26% and 3%, respectively, said they see this often or very often). This former percentage is much higher than in most communities we have surveyed to date.

How common is public drunkenness by adults in your community? And remember, "public" does not necessarily mean on the street; it most often occurs in bars, sports arenas, or even private parties. If your community's percentages are relatively high, then it could mean that such behavior is accepted or at least tolerated. As such, it can prove difficult to change. The same holds true for public smoking by teens.

How much do alcohol and drugs contribute to...?

These charts indicate that a large number of respondents have made a link between alcohol and drug use to property crimes and crashes and injuries (53% and 47%, respectively, said alcohol and drugs contribute to these quite a bit or a great deal). They have also connected substance use with other violent crimes (36% said alcohol and drugs contribute quite a bit or a great deal to this). Slightly fewer respondents made the connection between alcohol and drug use to sexual assault or date rape (29% said alcohol and drugs contribute quite a bit or a great deal to this).

It often proves helpful to spend time with community residents making the link between ATOD use and its consequences. Pointing to this connection may yield more fruit than saying straightforwardly, “Levels of substance use in our community are a problem!” Sometimes, approaching ATOD prevention through its negative consequences is the way to go.

How much does gambling contribute to...?

With regard to gambling, 38% said gambling contributes quite a bit or a great deal to personal debt, 29% said it contributes quite a bit or a great deal to family problems, and 24% said the same about depression. Only 14% said gambling contributes quite a bit or a great deal to theft, forgery, and embezzlement, and 11% said the same about suicide. On these last three items, the percentage of respondents who indicated that they “don’t know” the extent to which there is a connection (31%, 27%, and 40%, respectively) exceeded the percentage who stated that gambling contributes quite a bit or a great deal.

Domain II. Permissive Attitudes Towards ATODG Use

To what extent do community members view alcohol, tobacco, other drug use, and gambling as “okay” or “no big deal”?

Interpreting scores on this domain: Higher scores on this domain mean residents hold permissive attitudes toward ATODG use.

Higher score = more permissive

Lower score = less permissive

A special note about this domain: The percentages on this domain tend to be low relative to scores on other domains. This could reflect a “response bias” toward knowing the “right” or socially acceptable answer. Examine your community’s responses bearing in mind that the total range for scores on these items tends to be more restricted than in other domains.

It's OK for teens to....

There was very little endorsement by community members for teens to smoke (only 3% agreed or strongly agreed with this statement), drink at parties as long as they don't get drunk (2%), or drink if they don't drive (2%). These percentages are lower than most other communities we have surveyed to date.

Playing poker with friends for money was seen as "more okay" (28% agreed or strongly agreed that is ok for teens), while playing poker for no money was viewed as non-problematic by 48% of the respondents. This latter percentage is higher than most other communities we have surveyed to date.

Kids will be Kids...

Items in this set of charts represent comments that we hear frequently, such as "Kids who experiment with alcohol or other drugs almost always grow out of it." They may reflect norms that need to be addressed.

In this community, though, few respondents (3%) agreed with this statement. Slightly higher percentages agreed that in this community, drinking among teens is acceptable and that it is okay for 18-20 year-olds to drink (9% and 8%, respectively, agreed or strongly agreed). These percentages are lower than most other communities we have surveyed to date.

With regard to gambling, higher percentages of respondents agreed or strongly agreed that gambling by underage youth was not a serious concern (17%) and that it is okay for 18-20 year-olds to gamble (17%).

Low percentages can be used to inform community members that certain norms no longer exist in your community. Sometimes we think that "everyone else believes something," even if we don't. But we can use these data to let people know that no one seems to endorse these beliefs anymore. It can serve as validation to affirm beliefs that have shifted.

If you choose to tackle certain norms, this information can serve as a beacon regarding which norms to address. Do you need to tackle the norm about young adults being able to drink (18-20 year-olds)? Our society creates a confusing message regarding "growing up." At 16, children obtain a driver's license; at 18, they can vote and serve in the armed forces. They may also leave home, go to college, become independent wage earners, and purchase tobacco. At age 21, drinking becomes legal. No wonder opinions vary on this issue!

What norms need to be addressed in your community? Some communities have chosen specific norms on which to focus, based on a combination of the survey results and residents' interests.

And What About Parents?

How okay is it for parents to offer alcohol to teens in their own home? Thirty-two percent (32%) of residents think it is okay to do so on any occasion and special occasions only. We need to ask parents and other residents what constitutes a special occasion. Is it a graduation, wedding, anniversary? Or is it the Sunday afternoon football game?

Very few (2%) of the respondents said it was okay to offer alcohol in their own home to teens other than their own children on any occasion or on special occasions.

These percentages are lower than most other communities we have surveyed to date.

Similarly, few respondents agreed with statements such as parents prefer the child drink with them than elsewhere (6%), use alcohol carefully and not let it interfere with schoolwork (5%), or believed it was okay for parents to buy lottery tickets or pull-tabs for their underage child (8%).

Reporting these percentages to community members may help foster discussion among parents and other adults about liability issues, consequences of providing alcohol to minors, etc.

How OK is it?

Only 15% of the respondents believed that it is okay for schools to sponsor casino nights for graduation or prom. Fifty-five percent (55%) stated that it is okay for seniors to take bus trips to the casino, and 57% stated that it is okay for religious organizations to hold raffles to raise funds.

Beliefs about Gambling

What about perceptions regarding type of gambling? Thirty percent (30%) of respondents believed gambling at casinos is more risky than buying lottery tickets or pull-tabs.

Is gambling a source of economic opportunity for communities? Thirty-four percent (34%) believed that it is.

Domain III. Support for ATODG Policy and Prevention

How much support would community members give to alcohol, tobacco, other drug, and problem gambling prevention?

Interpreting scores on this domain: Higher scores on this domain mean residents would offer more support for alcohol, tobacco, other drug, and problem gambling prevention.

Higher score = more support

Lower score = less support

Law enforcement should spend more time enforcing....

Eighty-five percent (85%) of respondents indicated that they would like law enforcement to spend more time enforcing the minimum drinking age. Eighty-one percent (81%) stated the same for enforcing laws prohibiting sales of tobacco to teens. These percentages are higher than most other communities we have surveyed to date.

Enforcement of the minimum gambling age and illegal sports betting was rated less of a priority (70% and 65%, respectively, strongly or somewhat favored this); nonetheless, this represents the majority of respondents.

Be sure to offer these data to law enforcement—it may come as a surprise to them. We often hear from law enforcement that they believe the community wants them to go after “hard crimes, not bust kids.” This can give them a sense of community support that, in fact, residents do value law enforcement enforcing alcohol, tobacco, and gambling youth violations.

Basic Belief in Prevention

Sometimes those of us in prevention think we believe in it, but that the rest of the world lags behind. However, a large percentage of respondents endorsed a basic belief in prevention—that it’s possible to reduce ATOD and gambling problems through prevention (82% and 65%, respectively). Sixty-three percent (63%) also indicated that compulsive gambling is an addiction from which people can recover.

How about using public service announcements or banning tobacco advertising? Here, too, the majority of residents endorsed these items (70% and 64%, respectively).

You can use these data to support prevention programs from a ‘basic belief’ standpoint. Perhaps your community is ready to form a coalition or strengthen efforts already in existence. Maybe, in competing for funding, you can emphasize less the need to justify prevention itself and instead, build on support already in place.

Who Should Take Responsibility for Prevention?

Residents seemed to indicate that schools should take significant responsibility for ATOD and gambling prevention efforts (72% and 52%, respectively, agreed or strongly agreed with these statements). School staff sometimes feel discouraged when they hear this; they say that they are doing so much already or at least trying to. On the other hand, when budget cuts threaten prevention efforts in the school, it may be helpful to have these data on hand to show community support for prevention in schools.

Community members did not let themselves off the hook, though. Seventy-one percent (71%) of residents believed the community has responsibility to set up ATOD prevention programs. More than half (51%) believed the same about gambling prevention programs. Sixty-nine percent (69%) indicated that legalized gambling should help pay for compulsive gamblers' treatment. Only about one in five (22%) stated that the public should not get involved if someone has a gambling problem.

To help pay for prevention services, how willing would you be to...?

Would residents actually be willing to see tax increases on alcohol and tobacco? In this community, a willingness to increase taxes on tobacco was slightly more palatable than an increase on alcohol (55% and 50%, respectively, said they would be quite or very willing to do so on tobacco and alcohol, respectively). These are higher percentages than most communities we have surveyed to date.

Of course, these are hypothetical questions. If we asked people to actually write a check, we would see lower percentages of community members endorsing these items. And, we did not ask about other types of taxes, such as property taxes, which would likely draw less support.

How about volunteering time to a prevention program? Sixteen percent (16%) say they would be willing to do so. This percentage is higher than most communities we have surveyed to date.

Domain IV. Adolescent Access to Alcohol, Tobacco and Gambling

How easy do residents believe it is for young people to get access to alcohol and tobacco products in the community?

Interpreting scores on this domain: Higher scores on this domain mean residents think adolescents have easier access to alcohol and tobacco products.

Higher score = more perceived access

Lower score = less perceived access

A special note about this domain: Remember, this is about perceptions only. We measured how easy people *think* it is for adolescents to gain access alcohol, tobacco, and gambling not how easy it *actually* is. You will want to check with your local law enforcement agency and obtain information about the extent to which your local tobacco and alcohol retailers have passed or failed actual compliance checks.

Also, lower scores could mean that residents are unaware of how easy it is for adolescents to gain access to alcohol, tobacco, or gambling. Or, they could mean that there has been substantial activity in this area, and access has actually been reduced. If your community has conducted compliance checks or implemented environmental policies, then perhaps lower scores are reflective of that progress.

We've grouped the items separately by alcohol, tobacco, and gambling so that you can examine perceived access to each substance separately.

Adolescent Access to Alcohol

The first set of charts shows the ease with which residents believe adolescents can get alcohol from *social sources* (older person, home or a friend's home, parents). The second set of charts shows the perception regarding *commercial sources* (ordering at a bar, buying).

Two social sources are judged to be somewhat easier than commercial sources: sneaking alcohol from home or a friend's home and getting an older person to buy alcohol for them (47% reported each of these as not at all or a little difficult). The item on parents is noteworthy—apparently, residents believe that it is relatively easy for adolescents to get parents to give them alcohol (30%). Very likely, two groups of parents are being referenced—parents of adolescents themselves, as well as parents of their children's friends.

Just over one-fourth (26%) of respondents indicated that they “don't know” the extent to which teens get their parents to give them alcohol.

On the commercial side, 33% said it is not at all or a little difficult for teens to buy alcohol at a store themselves, and 28% stated that it is not at all or a little difficult for them to order a drink at a bar. Fourteen percent (14%) said they “don't know” how easy it is for teens to buy alcohol at a store themselves, and 17% said they “don't know” how easy it is for teens order a drink in a bar.

These are areas in which public awareness can be increased.

Adolescent Access to Tobacco

Residents perceived the easiest sources of access for tobacco for teens to be sneaking it or getting an older person to buy it for them (49% and 46%, respectively, said these were not at all or a little difficult).

Getting parents to give them tobacco was next in line, followed by buying tobacco at a store themselves (32% and 31%, respectively, said these were not at all or a little difficult). Interestingly, on the item asking about parents, 29% of respondents indicated that they “don't know” the extent to which teens are able to get their parents to give them tobacco.

Adolescent Access to Gambling

Respondents believed the easiest access underage youth have to gambling is to gamble on the Internet (34% said it was not at all or a little difficult).

This was followed by getting parents to buy them lottery tickets, entering a casino and playing games, and buying lottery tickets themselves (28%, 23%, and 22%, respectively, said these were not at all or a little difficult).

The least amount of access, according to respondents, is for teens to bet at a track (19%).

On all these gambling access items, the percentage of “don’t know” respondents exceeds the percentage of those who judged gambling to be easily accessible.

Whether discussing alcohol, tobacco, other drugs, or gambling, the best spokespersons are the youth themselves. Is there a way to have youth “tell it like it is” to the adults in the community?

Domain V. Perception of Community Apathy

Would this community mobilize around any issue, let alone substance use or problem gambling? What is the level of overall community commitment or apathy?

Interpreting scores on this domain: Higher scores on this domain mean residents are more apathetic and have less community commitment.

Higher score = more apathy

Lower score = less apathy

A special note about this domain: This domain is particularly important in measuring readiness. According to our data, it is highly indicative of a community's ability to make change occur.

One-fifth (20%) of respondents indicated that they believe the community is not interested in changing, no matter what the issue. And 15% believed that there is no sense of commitment in the community. Compared to other communities we have surveyed to date, these percentages are indicative of a low to moderate level of community apathy.

Critical Items

Prior to the survey being revised in 2005, we had developed norms for the items and domains. “Norms” refer to typical scores for communities that showed high readiness. The following table shows the items for which norms are still available for the current version of the survey. Also displayed is your community’s level of readiness on each item.

PERCEPTION of an ATOD Problem

Level of Perception	In your community, how often do you see...?
Very high	25. Adults drunk in public
Low	27. Teenagers smoking in public

Level of Permissiveness	PERMISSIVE Attitudes Toward ATOD Use
Low	53. It is okay for teenagers to drink at parties if they don’t get drunk.
Low	54. Teenagers should be able to drink as long as they don’t drive afterwards.
Low	55. It is okay for teenagers to smoke cigarettes.
Low	56. Kids who experiment with drugs almost always grow out of it.
Low	57. Do you feel that it is okay for parents to offer their teenagers alcoholic beverages in their own home?
Low	58. Do you feel that it is okay for adults to offer alcoholic beverages in their home to teenagers (other than their own children)?
Low	62. After finding out that their teenager had been drinking alcohol, the parents tell their teenager to use alcohol carefully and not let it interfere with schoolwork.
Low	63. Parents offer their teenager an alcoholic beverage to drink with them, saying that they prefer he or she drink with them rather than drink elsewhere.
Very low	69. It is okay for 18-20 year-olds to drink.
Very low	71. In my community, drinking among teens is acceptable.

Level of Support**SUPPORT for ATOD Policy and Prevention**

High	65. Law enforcement spending more time enforcing the minimum drinking age.
High	66. Law enforcement spending more time enforcing laws that prohibit sales of tobacco products to teenagers.
Low	72. Schools need to be more active in dealing with alcohol, tobacco, and other drug problems.
High	74. It is possible to reduce alcohol and other drug problems through prevention.
High	75. The community has the responsibility to set up prevention programs to help people avoid alcohol and other drug problems.
High	78. All tobacco advertising should be banned.
High	79. Public service announcements are a good way to change attitudes about alcohol and tobacco use.
High	90. To help pay for prevention services, how willing would you be to...? increase taxes on alcohol
Medium	91. Increase taxes on tobacco
High	92. Volunteer some of your time to a prevention program.

Level of Apathy**COMMUNITY APATHY**

Medium	80. It seems like my community is not interested in changing, no matter what the issue is.
Medium	81. There is no sense of commitment in my community.

PUTTING IT ALL TOGETHER

Now that we've studied the trees, let's step back and look at the forest. What is your community's readiness profile?

Attached is a line graph that plots your community's mean scores on the five domains. We have separated the community's readiness for ATOD prevention from readiness for problem gambling prevention.

On perception of an ATOD problem, the community is showing a fairly high level of readiness. It appears that residents have made many connections between ATOD use and subsequent consequences. Are there youth or adults in the community that might be motivated to talk about this issue? Would a social marketing or awareness campaign prove fruitful?

Perception of a gambling problem is lower than perception of an ATOD problem, as we see on the line graph. However, compared to other communities we have surveyed, the perception of a gambling problem in your community is at a medium level relative to other communities we have surveyed. It could be that gambling activity in your area is minimal, in which case, lower perception of a problem makes sense. However, if gambling activity is on the rise or is part of your community's future, this may be a ripe period for prevention. What better time to bolster residents' perception of problem gambling through awareness raising and other activities? Perhaps making the connection between problem gambling and its consequences would prove fruitful. Is there a community spokesperson—someone well respected by the residents—who might be willing to speak about problem gambling so as to avert potential concerns?

On the permissive attitudes domain, your community's score shows high readiness on ATOD use. This means that residents do not believe substance abuse is "okay" for either young people or adults. Therefore, it may be possible to capitalize on existing norms that hold within the community. The "good news" is that prevention professionals in this community may not have to fight norms and attitudes prevailing in a number of other communities.

However, permissive attitudes are much higher with regard to gambling. A number of possible reasons could account for this tolerance, and we suggest that you examine these in the context of your community. It may be that gambling is part of a recreational tradition. Perhaps there is a major business or several smaller businesses in the community in which gambling is housed, upon which the local economy depends. And there is, of course, the possibility that community members simply do not recognize gambling problems. Altering community norms is a challenging task and understandably, takes time to accomplish. Therefore, it is especially important to allow ample opportunity and time for this process to occur.

It appears that there is considerable support for prevention in this community for both ATOD and problem gambling prevention. These scores are high relative to other communities we have surveyed. The question for prevention professionals becomes how existing prevention efforts can be enhanced. This could take several forms. To what extent do community members want law enforcements to become more active? To what degree or in what capacity do they see the school or community taking on more responsibility? Who might be willing to volunteer time or raise taxes in support of prevention? Which key leaders might be willing to take on additional roles?

On perception of adolescent access to alcohol and tobacco, your community's score is high compared to other communities we have surveyed. This means that residents report a high level of perceived youth access to alcohol and tobacco products. In time, the community may be willing to enact policies and ordinances to help limit such access. However, perceived adolescent access to gambling is much lower than alcohol and tobacco. Could additional strategies be introduced to community leaders, businesses, and other sectors?

It appears that an obstacle to implementing and sustaining prevention efforts in this community may be the low to moderate level of community apathy. One reason for this may be that community members have been dealing with other social issues perceived as more pressing than ATOD use and problem gambling. Has your community been overwhelmed by unemployment, economic hard times. Or even natural disaster? Do residents feel unable to make change on issues that affect the community as a whole? Or, is the population highly mobile or transient? If so, these issues need to be acknowledged alongside or even before tackling the area of substance abuse or problem gambling. Possibly, the community has these concerns foremost on its collective mind.

These are only some possible strategies indicated by the readiness profile of your community. Talk with community members about the data. They are likely the best source of ideas on how to address the issues that have arisen from this report. Collectively, look back through previous sections at the individual items within each domain. They may point to specific action steps that might be especially relevant for your community.

One final word from us: Avoid the temptation to think “ready or not.” Rather, look at the various options open to you. Any community can be approached from a variety of angles. Two communities with similar profiles could choose to act on the results in quite different ways. Remember that as you examine your data. Go in the direction that makes the most sense for your community and its members.

OTHER IDEAS TO CONSIDER

- To determine how representative your sample of respondents is (and how generalizable these results are to the overall population), obtain actual census data on community residents. The demographic categories (e.g., age, ethnicity, level of education), used in the Community Readiness Survey match those used by the Census Bureau. Therefore, you can compare apples to apples. Examine, for example, the percentage of senior citizens that actually live in your community versus the percentage of those who responded to the survey. Doing so will help answer the question of how closely the respondents mirror the community's actual demographics.
- Give the survey to a group of young people and compare their results to those of the community at large. Even though the survey was not designed for persons under the age of 18, having young people fill it out can be eye-opening. Their responses tend to vary from adults on two counts:

First, on the Access to Alcohol, Tobacco, and Gambling scale, young people rate ease of access much higher than do adults. "You can't believe how easy it is for us to get whatever we want." Perhaps they overrate the ease with which they can purchase or obtain such products. On the other hand, adults often underestimate this. Likely, the truth is somewhere in between. However, if we want to open adults' eyes to ease of access, then showing them a large difference between their ratings and those of the teens can help make the point.

Second, teens will often rate alcohol, tobacco, and other drug use by adults (Domain One) to be more of a problem than do their adult counterparts. This can help open the door to discussion about role models and the importance of talking with young people about usage. Adults may find it difficult to accept advice from other adults; however, hearing the message from young people may be easier.

The most important reason to offer the survey to a group of young people is to involve them in the issue. In communities that have conducted the survey, youth have asked us, "Why is it just for adults?" They say, "We want to take the survey, too."

Find a youth group or create one. It doesn't have to be a large or scientific study. You don't need a random sample. Twenty or thirty youth will suffice. Tally their results by hand and use the information to spark discussion. And see what happens!

- Collect and review other sources of information. These may include:
 - Compliance check data (from law enforcement)
 - Arrests related to ATOD use (from law enforcement)
 - Hospital admissions related to ATOD use (from local hospitals or public health agencies)
 - Alcohol or drug related crashes, injuries, and deaths (from state department of public safety)
 - School/student surveys

- Hold meetings and/or conduct interviews with community leaders to discuss the results of the Community Readiness Survey.

- Hold town meetings or public forums with community members. Present and discuss the results with them. You can also do this in sector-specific settings, eg. with the faith community