

How does one use the following indicators?

The following indicators of community readiness serve as a *general guide* rather than a predictive set of absolute requirements necessary for the successful implementation of community health promotion programs.

Each indicator will be given a score ranging from -2 to +2 based on the following criteria:

- 2: Strong evidence of barriers or factors that hinder progress related to the indicator.
- 1: Some evidence of barriers or factors that hinder progress related to the indicator.
- 0: No evidence of barriers related to the indicator; No evidence of progress related to the indicator.
- +1: Some evidence of actual progress related to the indicator.
- +2: Strong evidence of actual progress related to the indicator.

Indicators

Indicator	Explanation
<i>Process Indicators</i>	
1. Access to Equipment/Facilities	Individuals have access to necessary equipment and facilities to complete tasks, organize efforts, etc.
2. Capabilities/Skills & Dedication of Project Staff	Project staff members display signs of competency related to capabilities and skills needed to complete tasks, organize efforts (including recruitment of focus group participants), etc. Strong organizational skills are present. Staff are dedicated and committed (long-term) to the project.
3. Accountability of Project Staff	Individuals are responsible for getting work done in a cost-effective manner that is also fair and equitable. Personnel practices should be carried out in such a way to promote effective agency operation.
4. Clear Definition of Roles	Roles and expectations of individuals involved in the project are clearly delineated and understood by individuals.

Indicator	Explanation
5. Cultural Sensitivity	Individuals involved are culturally sensitive to the differences that may surface among members of various ethnic groups.
6. Respect for/Adherence to Time	Individuals carry out tasks according to times originally proposed. Efforts are made to adhere to time structures (beginning and ending times).
7. Adherence to IRB Rules and Regulations/Respect for Participant Confidentiality	Project staff and other individuals adhere to the rules and regulations of the USF IRB, particularly with regards to protecting participant confidentiality.
8. Sense of Membership	Individuals display signs of membership in the group.
9. Structured & Sufficient Meetings	Meetings are held at time intervals sufficient to complete project tasks and support progress. They are constructive, and informative. Notes are taken and agendas provided.
10. Match Between Member and Group Objectives	Goals and objectives of individuals match those of the greater community.
11. Knowledge of Target Population/Community Resources	Individuals display high levels of knowledge related to the lives of the target population, as well as available community resources.
12. History of Past Successful Achievement	Individuals of the group have a record of past successful collaborations and achievement.
Interaction Indicators	
13. Clear Communication	Communication between individuals is clear. No confusion or conflict results due to lack of or poor communication of ideas, efforts, plans, etc. All interested parties are kept within the “communication loop”.
14. Bonding/Networking	Individuals develop personal and formal relationships with one another. Communication and information sharing is high.
15. Mutual Importance/Respect	Individuals recognize, support, and respect the contributions of each other.
16. Translation Issues	Translation of ideas among the various languages is smooth, clear, and unproblematic.

Indicator	Explanation
17. Use of Shared Language	Individuals use words and phrases that all members of the group understand (jargon is avoided). Sometimes differences are magnified in the words chosen when groups of individuals come together.
18. Level of Comfort	Individuals display levels of comfort working with one another.
19. Trust	Individuals display signs of trust of one another.
20. Shared Decision Making	Individuals share decision-making through a direct democratic or an indirect representative process. Decision-making is formalized, clear and communicative.
21. Constructive Conflict and Disagreement	Individuals feel comfortable to disagree with one another within a healthy and constructive atmosphere. Conflict is resolved in a healthy and productive manner.
22. Shared World Views	Individuals hold common beliefs and promote shared values important to the group.
Outcome Indicators	
23. Representation of Diverse Groups	Individuals represent diverse groups working with, or dedicated to improving the lives of citrus workers.
24. Mutual Responsibility for the Community	The health of the greater community is a primary concern of all individuals.
25. Development/Modification of Mission & Vision Statements	Individuals collaboratively create, maintain and update practical Mission and Vision statements.
26. Emergent/Shared Leadership	Individual(s) emerge as leaders of the group to facilitate, moderate, manage, and motivate meetings and discussions.
27. Common Vision for the Future	Individuals collaboratively identify problems and needs of the greater community. A consensus on goals and priorities is achieved.
28. Group Credibility Among Greater Community	Group has experience and reputation among the greater community as a trustworthy and credible group.

References

Altman, D. G. (1995). Sustaining Interventions in Community Systems: On the Relationship Between Researchers and Communities. Health Psychology, 14(6), 526-536.

Center for Substance Abuse and Prevention. (1997). Effective community mobilization: lessons from experience (NCADI Publication Number: PHD739). Rockville, MD: Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention.

Edwards, R. W., Jumper-Thurman, P., Plested, B. A., Oetting, E. R., & Swanson, L. (2000). Community Readiness: Research to Practice. Journal of Community Psychology, 28(3), 291-307.

Rissel, C., & Bracht, N. (1996). Assessing community needs, resources and readiness: Building on strengths. In N. Bracht (Ed.), Health Promotion at the Community Level (2nd ed., pp. 59-81). Thousand Oaks: Sage Publications, Inc.

Shediac-Rizkallah, M. C., & Bone, L. R. (1998). Planning for the sustainability of community-based health programs: conceptual frameworks and future directions for research, practice and policy. Health Education Research, 13(1), 87-108.