



2018 Connecticut Community Readiness Survey Results by Community Type

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SEOW Meeting

CERC, Rocky Hill, CT



Connecticut's Community Readiness Survey



- ▶ A web-based **key informant survey** to measure state and community readiness and capacity for implementing effective evidence-based substance abuse prevention programs, policies and practices;
- ▶ Conducted biennially by DMHAS since 2006, in collaboration with the CT Clearinghouse and UConn Health;
- ▶ Instrument developed through a consensus process by DMHAS, Resource Links, State Advisory Committee and Uconn Health;
- ▶ Revised in 2014 and 2016 to expand content on mental health, suicide and problem gambling and shorten the survey;
- ▶ Driven by key informant identification and outreach by RACs (now RBHAOs);
- ▶ The results of the CRS have contributed to state, subregional and community strategic prevention planning and evaluation.

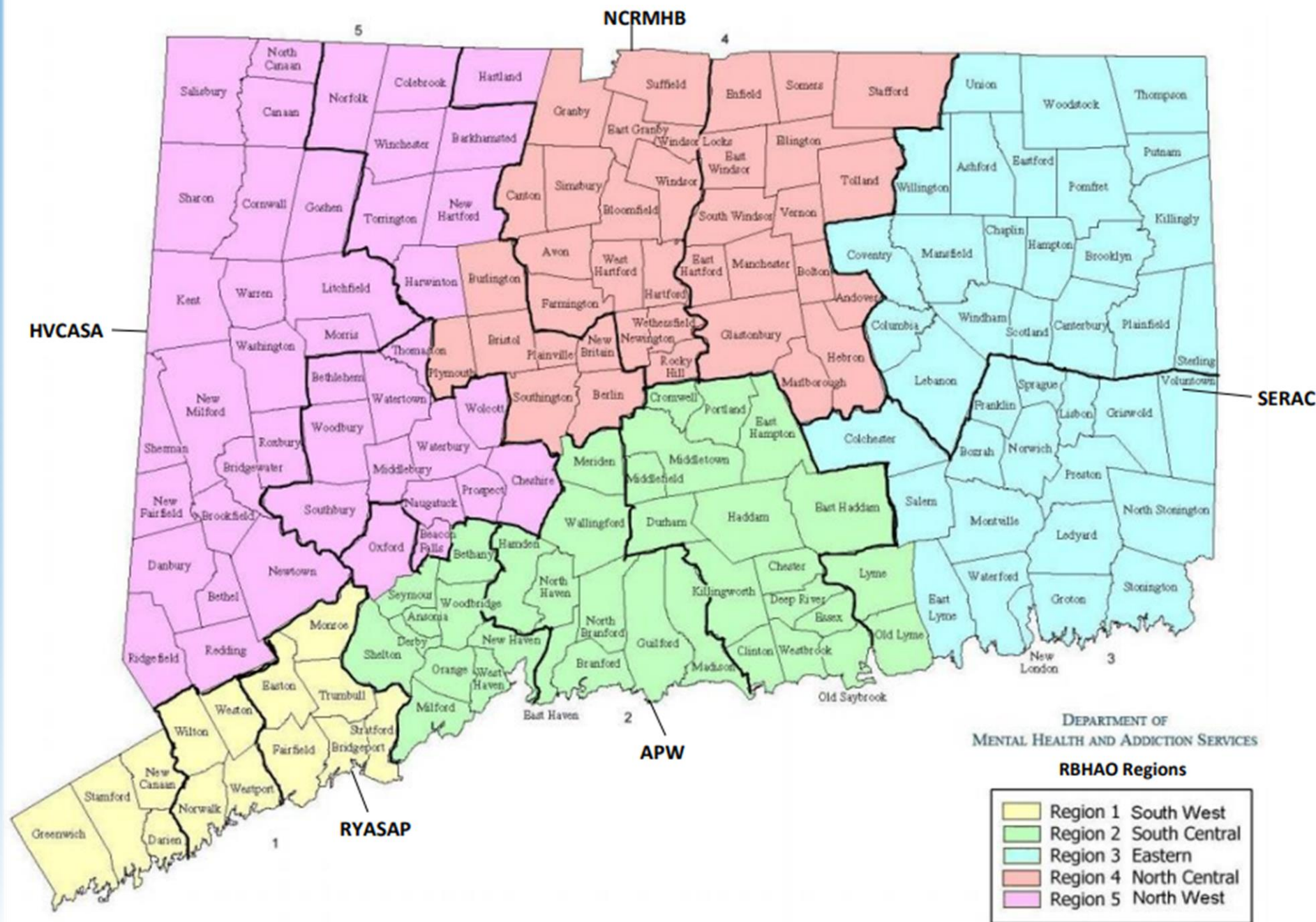
Connecticut's 2018 Community Readiness Survey

- ▶ Conducted from May 7, 2018 through July 9, 2018
- ▶ Respondent outreach by newly formed RBHAOs, with support from DMHAS prevention partners
- ▶ Detailed feedback by CPES to the RBHAOs on response rates, goals, and gaps
- ▶ **Goal response rate (50%) exceeded!**
- ▶ Representation in **164** of 169 towns/cities
- ▶ Response goals* met in **83** towns/cities statewide
 - **60** with pop <40,000 (out of 143)
 - **23** with pop 40,000+ (out of 26)
- * Goal: Population <40,000: 5-6 respondents
- * Goal: Population 40,000+: 7-10 respondents
- ▶ State and regional 2018 reports will be shared with DMHAS and RBHAOs by early October
- ▶ 2018 results will contribute to the integrated regional priority setting and profile development process

Connecticut Map of DMHAS Regional Behavioral Health Actions Organization (RBHAO)

CPES

Center for Prevention
Evaluation and Statistics



Community Readiness Survey Response Rates over Time



	2006	2008	2010	2012	2014	2016	2018
Respondent N	433	479	774	838	746	799	1019
Target N	639	908	1222	1442	1728	1455	1932
Response Rate	68%	53%	63%	58%	43%	55%	52.7%

The Five Connecticuts

The Five Connecticuts are a system developed in 2004 by the Connecticut State Data Center as a means of disaggregating Connecticut's 2000 census data in a meaningful way.

Five Connecticuts designations are based on criteria of each town :

- median household income;
- population density; and
- poverty rate

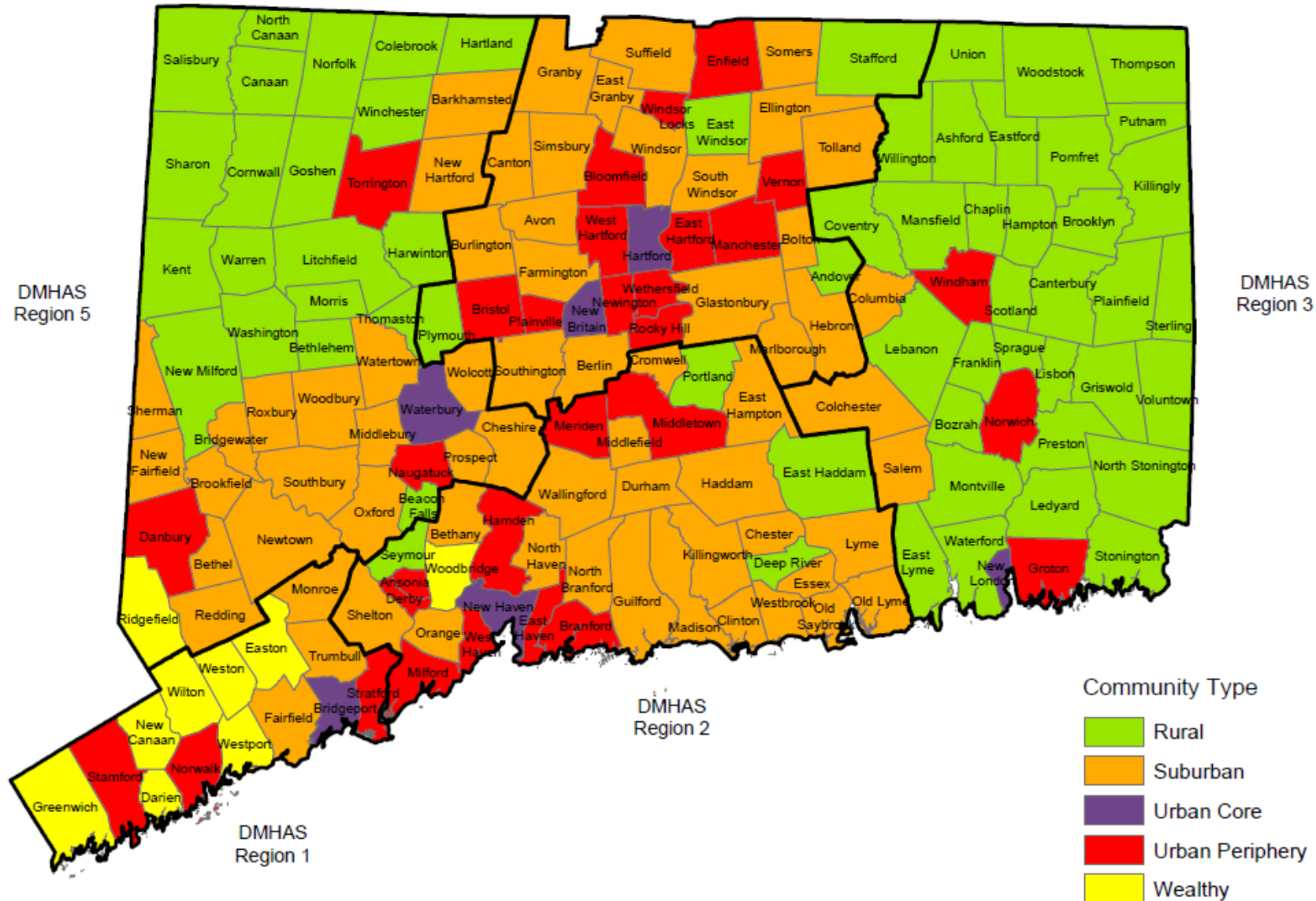
Five Connecticut community types:

- **Wealthy**
- **Suburban**
- **Rural**
- **Urban Periphery**
- **Urban Core**

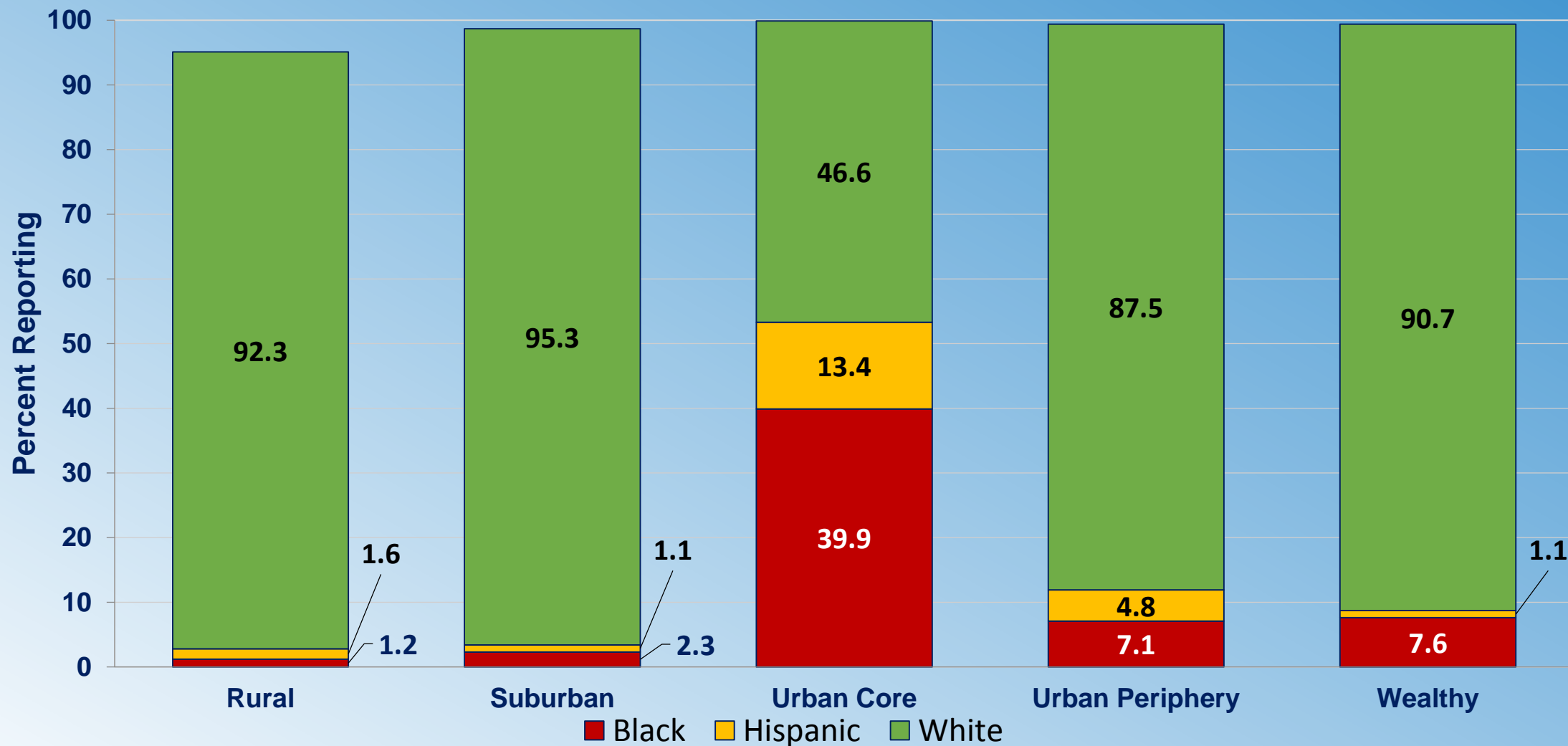
These categories were updated, using the 2010 census data, in 2014, by the original developer of the designation. The updated categories have been used to categorize data for the 2015 Community Wellbeing Survey and the 2018 Community Readiness Survey, and are used by others as well.

The Five Connecticuts 2010

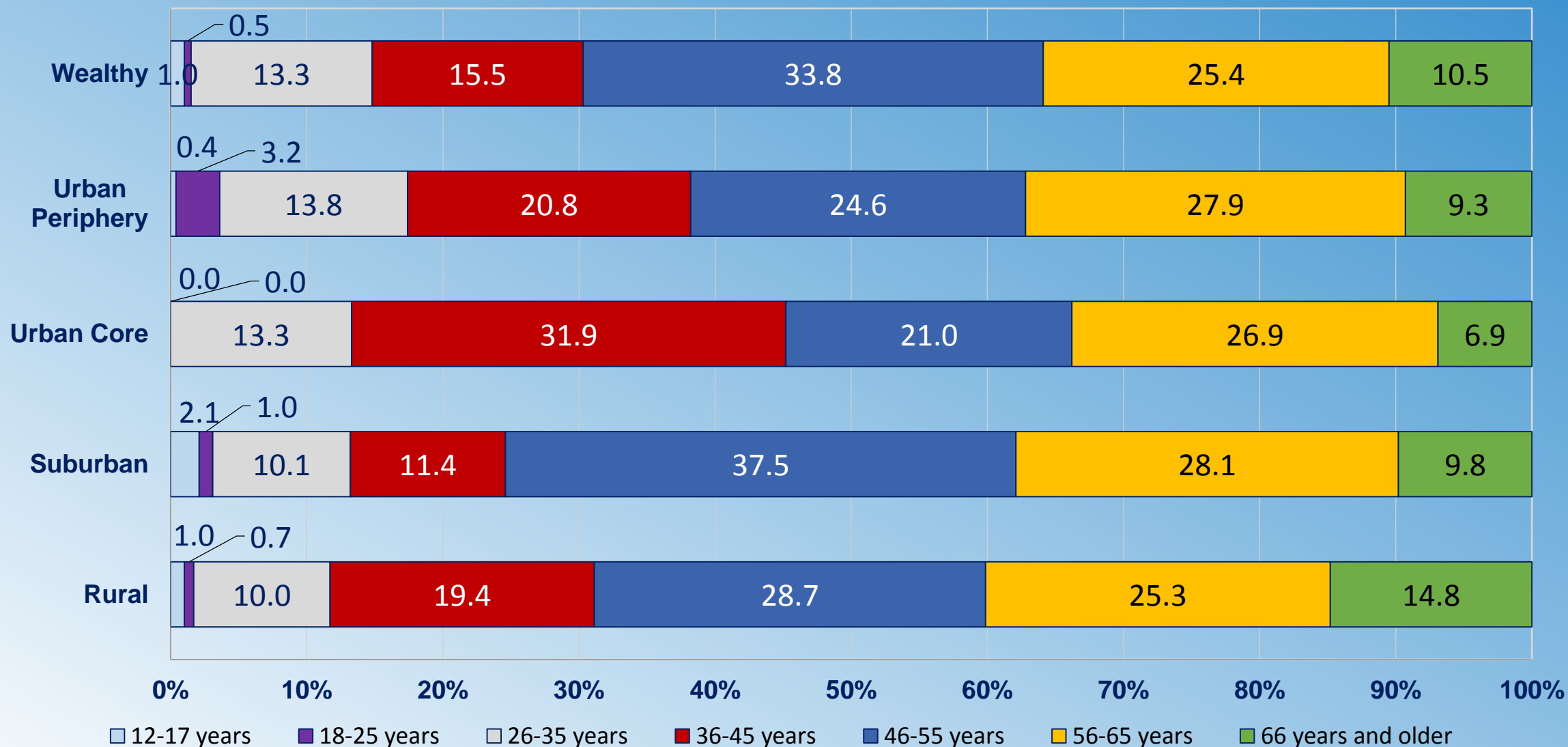
DMHAS
Region 4



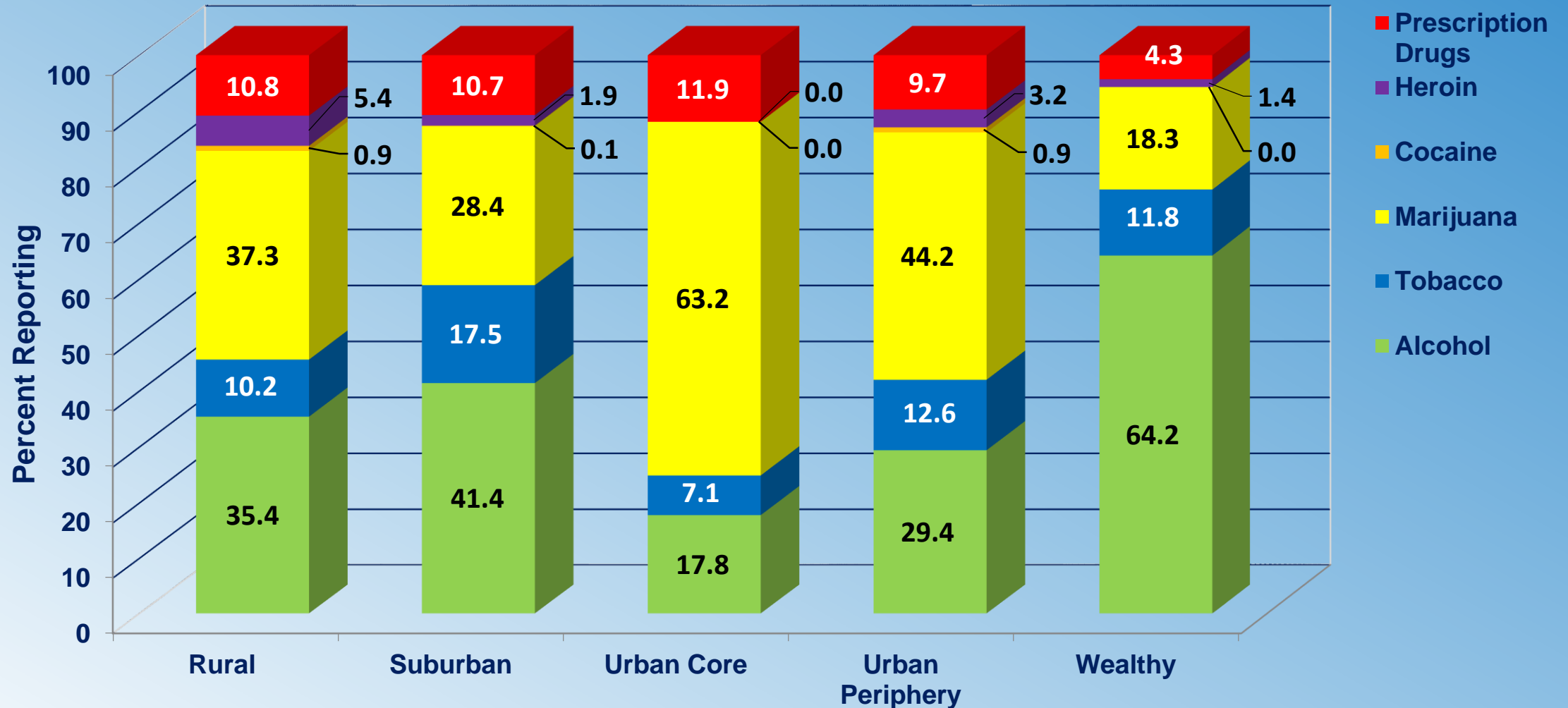
Key Informant Race/Ethnicity by Community Type: CRS, 2018



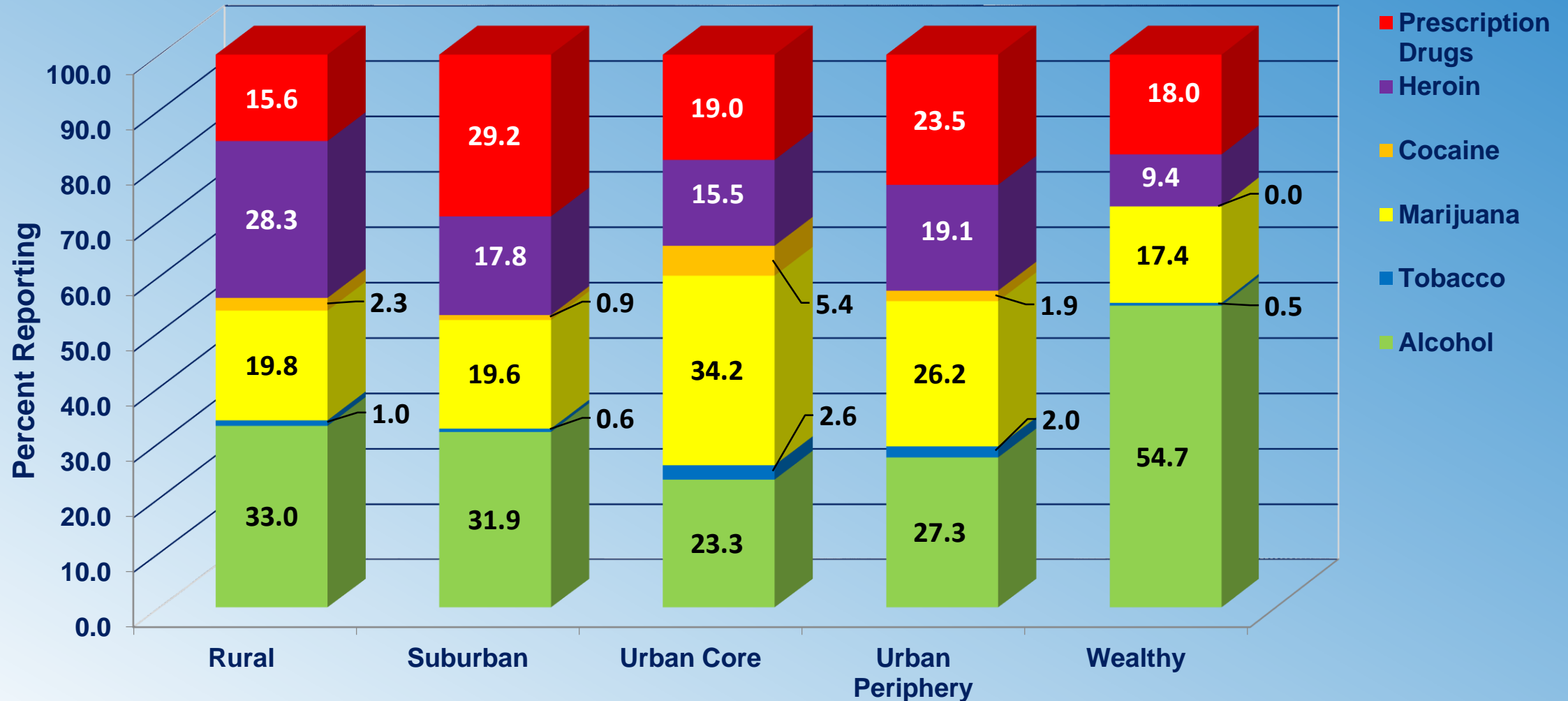
Key Informant Age by Community Type: CRS, 2018



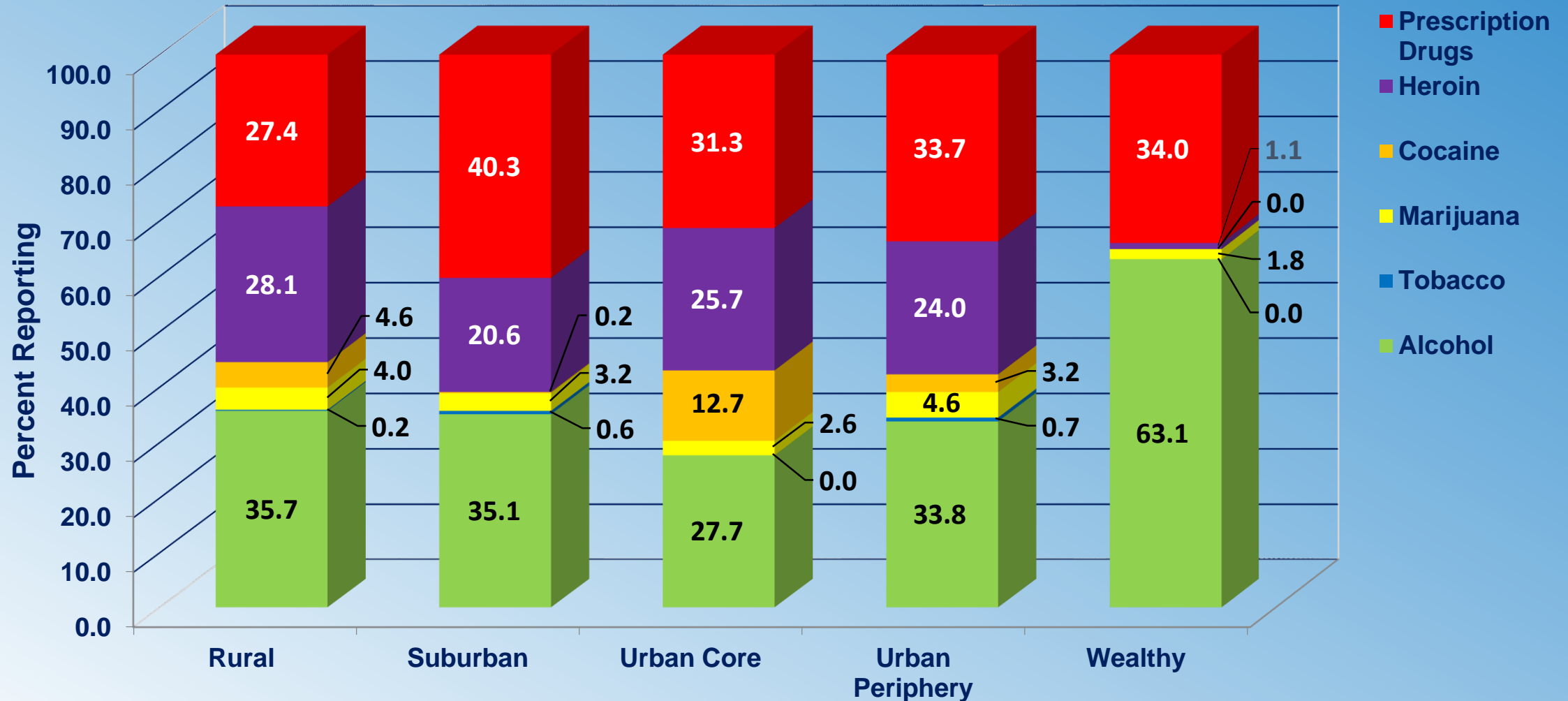
Problem Substances of Greatest Concern According to Key Informants in Each Community Type for 12-17 Year-olds: 2018 Connecticut CRS



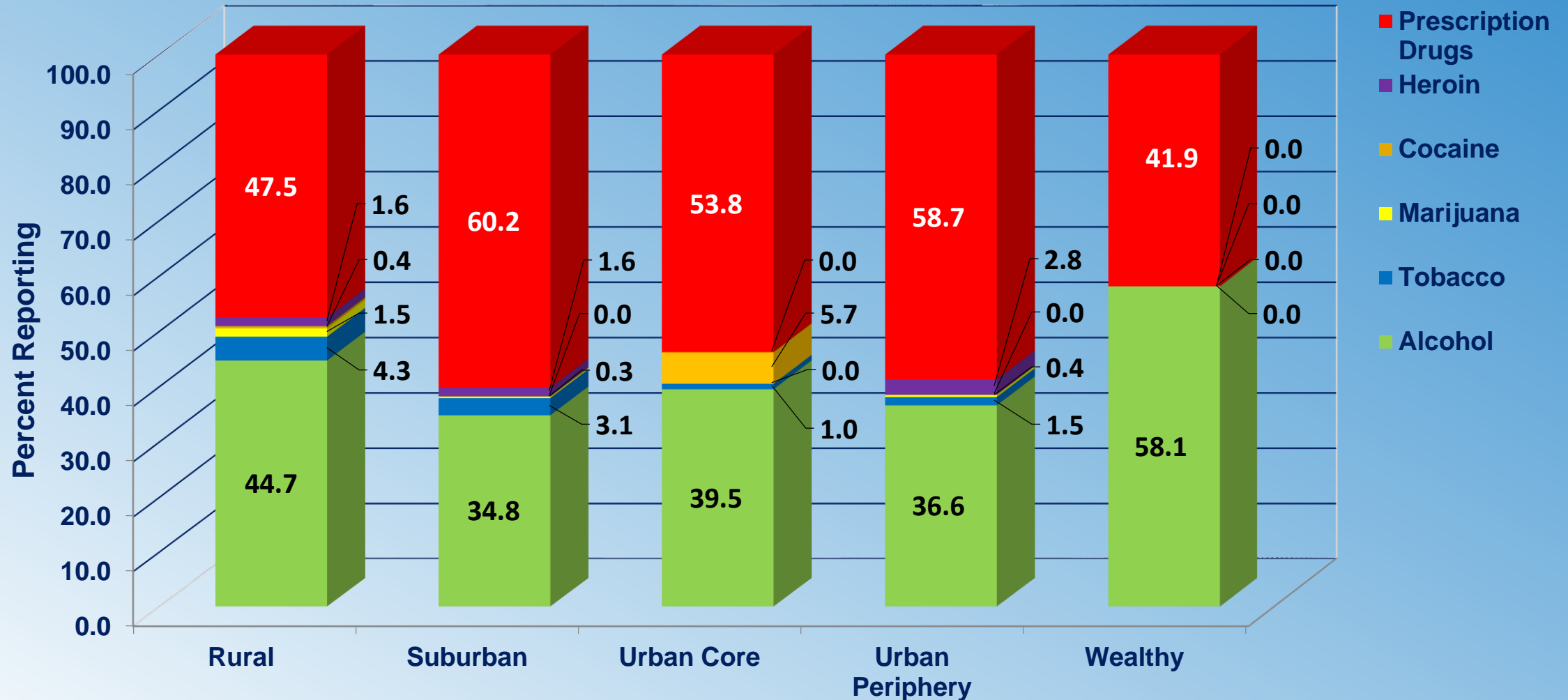
Problem Substances of Greatest Concern According to Key Informants in Each Community Type for 18-25 Year-olds: 2018 Connecticut CRS



Problem Substances of Greatest Concern According to Key Informants in Each Community Type for 26-65 Year-olds: 2018 Connecticut CRS



Problem Substances of Greatest Concern According to Key Informants in Each Community Type for 66+ Year-olds: 2018 Connecticut CRS



Community Attitudes toward Substance Abuse Prevention by Community Type, CRS, 2018

Analysis of Variance Tests (ANOVA) indicate differences in 2 Community Attitudes toward Substance Abuse Prevention Composite Scales between Community Types; composite means (SD) presented (Prevention and Permissiveness).	Rural	Suburban	Urban Core	Urban Periphery	Wealthy	<i>p</i>	Composite
Are concerned about preventing alcohol abuse	9.06 (1.67)	9.35 (1.69)	9.29 (2.15)	9.46 (1.66)	9.53 (1.53)	.282	SA Risk
Are concerned with preventing other drug abuse							
Feel more attention should be paid to preventing prescription drug misuse							
Think that it is risky to drink alcohol while taking prescription medications (not in composite)							
Believe that youth, regardless of socioeconomic, racial and ethnic status, are at risk of SA	19.84 (3.73)	20.21 (3.83)	21.21 (3.76)	20.62 (3.72)	19.99 (3.82)	.030	Prevention
Know about the community programs that are working to prevent alcohol and drug abuse							
Believe it is possible to prevent alcohol and other drug problems among youth							
Feel alcohol and other drug prevention programs are a good investment for the community							
Believe that prevention programs for youth are effective at preventing substance abuse							
Are willing to support substance abuse prevention programs with town/city tax dollars							
Believe that enforcement of liquor laws should be a priority							

Community Attitudes toward Substance Abuse Prevention by Community Type, CRS, 2018

Analysis of Variance Tests (ANOVA) indicate differences in 2 Community Attitudes toward Substance Abuse Prevention Composite Scales between Community Types; composite means (SD) presented (Prevention and Permissiveness).	Rural	Suburban	Urban Core	Urban Periphery	Wealthy	<i>p</i>	Composite
Feel that it is okay for youth to drink alcohol occasionally	20.69 (5.26)	20.44 (6.13)	22.33 (6.07)	21.38 (5.93)	16.87 (6.17)	.000	Permissiveness
Would support legalization of marijuana							
Believe the use of alcohol and other drugs is a private matter that should be dealt with at home							
Think that the occasional use of marijuana is not harmful							
Feel that youth should be able to drink at parties with parental supervision							
Believe that it is okay for teens to drink if they don't drive							
Feel that it is okay for adults to drive after having one or two alcoholic drinks							
Believe that it is okay for adults to get drunk occasionally							

Perceived Barriers to Substance Abuse Prevention Activities in the Community by Community Type, CRS, 2018

Kruskal-Wallis analyses indicate differences between most Perceived Barriers to SA Prevention Activities by Community Type, range: 1 - not a barrier, 2 - moderate barrier, 3 - large barrier; means presented.	Rural	Suburban	Urban Core	Urban Periphery	Wealthy	p
Lack of leadership	2.09	1.86	2.21	1.88	1.62	.000
Lack of coordination among organizations and groups	2.28	2.06	2.38	2.02	1.70	.000
Too few community members with time or willingness to volunteer	2.43	2.40	2.39	2.37	1.75	.000
Lack of consensus on how to address substance abuse issues	2.18	2.06	2.29	2.00	2.02	.011
Lack of political support for substance abuse prevention	2.08	1.89	2.13	1.95	1.67	.002
Substance abuse is not considered a priority problem in our community	2.09	2.10	2.08	1.94	2.14	.308
Lack of a strategic plan to address substance abuse prevention needs	2.32	2.03	2.23	1.94	2.11	.000
Insufficient awareness of current efforts among community members	2.39	2.25	2.46	2.13	2.26	.000
Limited financial resources to address substance abuse in the community	2.54	2.40	2.78	2.47	1.84	.000
Lack of knowledge of effective strategies to address substance abuse problems	2.26	2.03	2.19	1.93	1.74	.000
Lack of community buy-in that substance abuse is an important issue	2.39	2.27	2.25	2.01	2.14	.000
Lack of trained staff	2.25	1.99	2.19	1.88	1.82	.000
Lack of programs with culturally competent staff	2.13	1.87	2.19	1.98	1.76	.000
Perception that substance abuse is a personal problem, not a community problem	2.40	2.34	2.22	2.22	2.49	.120

Key Informant Ratings of Community Readiness for Substance Abuse Prevention Planning Activities by Community Type, CRS, 2018

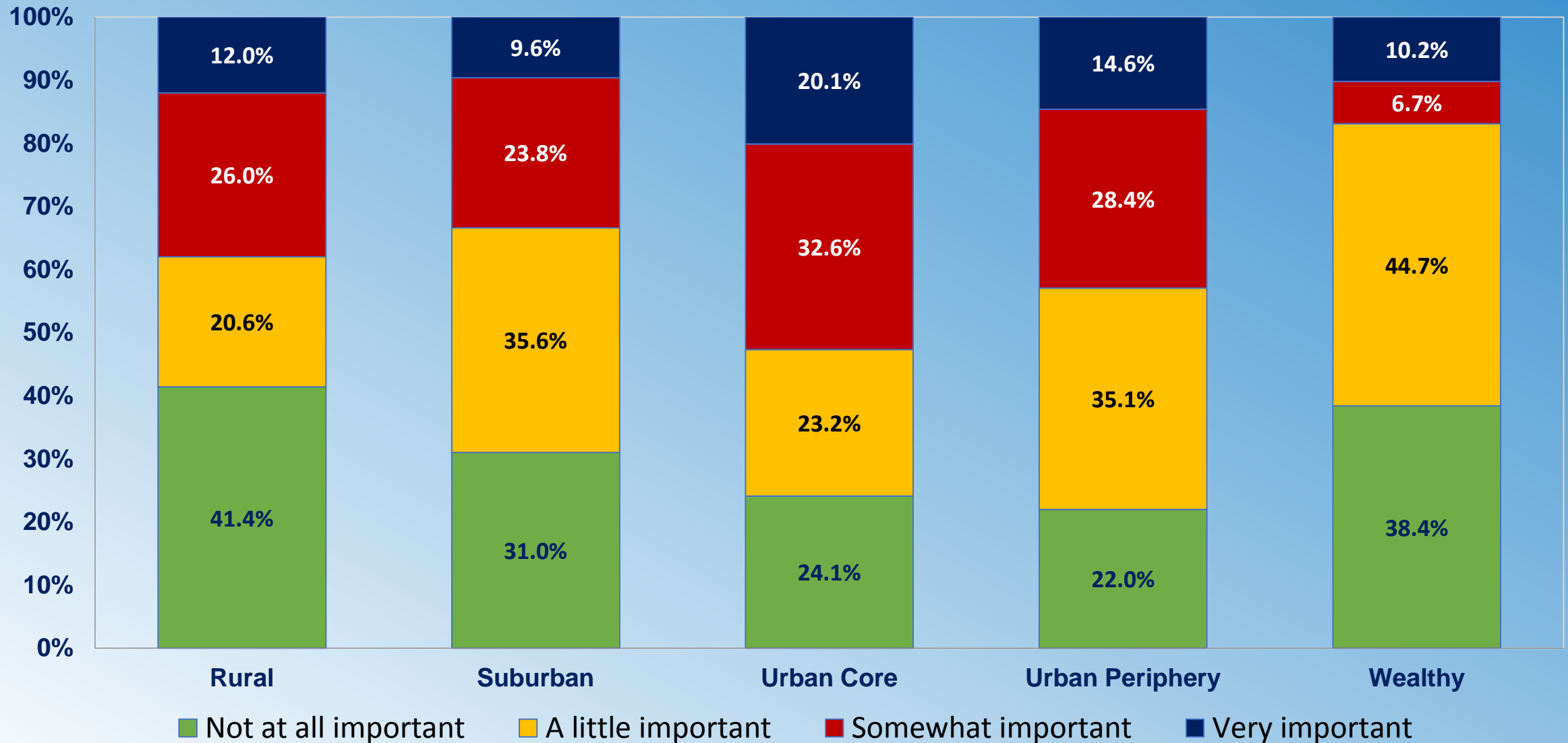
Kruskal-Wallis analyses indicate differences between all Readiness for SA Prevention Planning Activities by Community Type, range: 1 – not ready, 2 – low readiness, 3 – medium readiness, 4 – high readiness; means presented.	Rural	Suburban	Urban Core	Urban Periphery	Wealthy	p
Collect data on the nature of local substance abuse problems	2.64	3.19	2.73	3.17	3.20	.000
Identify available resources for substance abuse prevention (personnel, financial, organizational)	2.79	3.23	2.93	3.18	3.54	.000
Identify community members' abilities to act as resources to meet community needs (asset mapping)	2.64	3.03	2.96	3.07	3.38	.000
Secure support for prevention from local policy makers	2.68	2.98	2.84	3.00	3.18	.011
Utilize needs assessment data to plan prevention programs and policies	2.62	3.10	2.86	3.07	3.25	.000
Develop culturally appropriate prevention programs and strategies	2.55	2.88	3.08	2.90	2.95	.001
Raise community awareness of substance abuse problems	2.77	3.16	3.19	3.22	3.52	.000
Improve services and programs for substance abuse prevention	2.64	2.96	3.10	3.03	3.26	.001
Convene community meetings to address substance abuse issues	2.79	3.18	2.98	3.10	3.35	.002
Collaborate with organizations concerned with preventing other types of problems (HIV, violence)	2.49	2.84	3.01	3.03	3.14	.000
Allocate local funds to substance abuse prevention in the community	2.12	2.52	2.52	2.54	2.66	.002
Develop policies related to or specifically for substance abuse prevention in the community	2.31	2.80	2.59	2.81	2.74	.000
Identify the barriers to substance abuse prevention in the community	2.58	2.94	2.87	3.03	3.12	.001
Develop a strategic plan to address substance abuse in the community	2.46	2.91	2.66	3.01	3.10	.000

Key Informant Ratings of the Community Stage of Readiness for Substance Abuse Prevention by Community Type: CRS, 2018

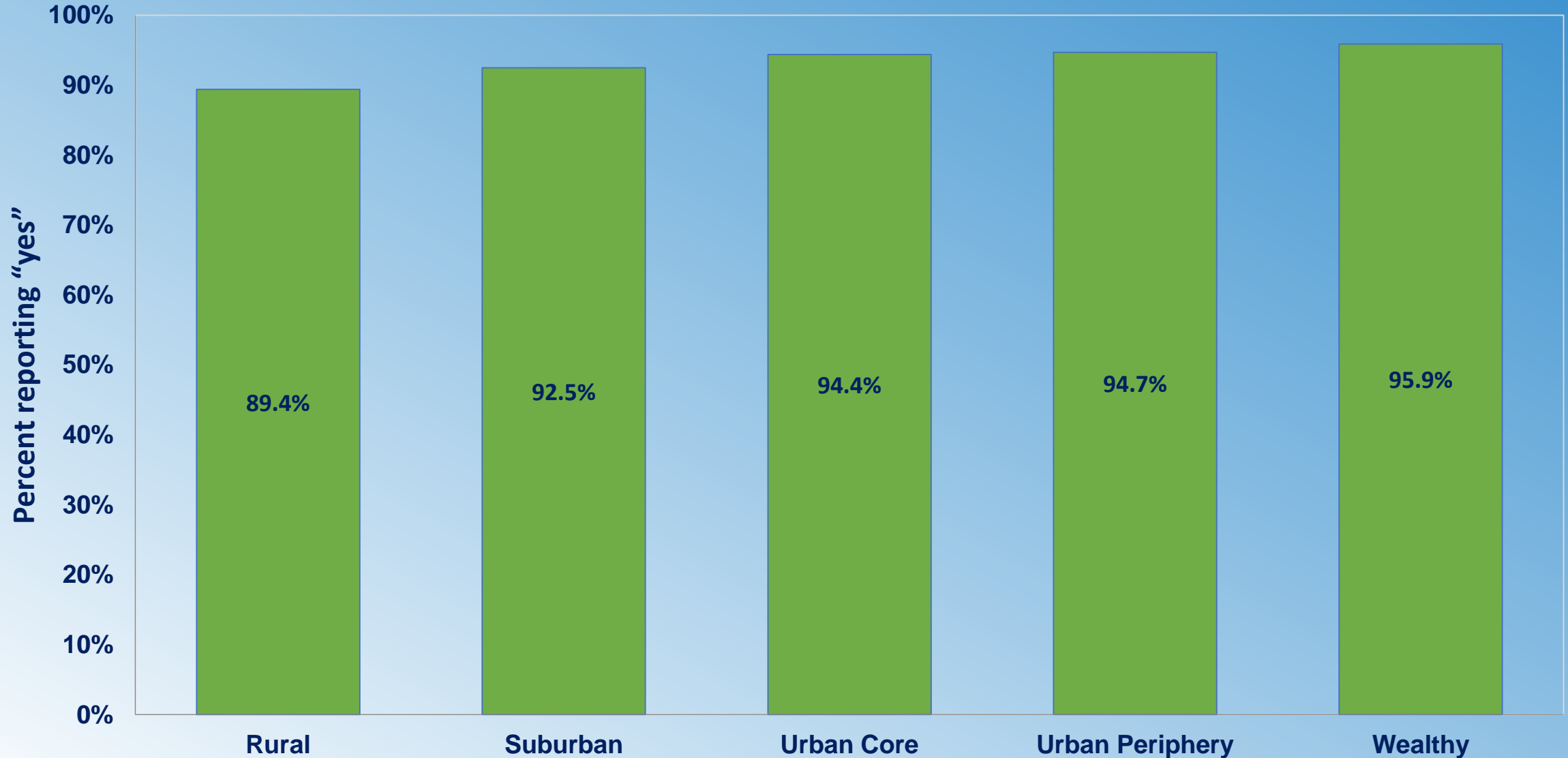
Level of Readiness ^a	Rural (n=84)	Suburban (n=213)	Urban Core (n=113)	Urban Periphery (n=288)	Wealthy (n=45)
1 - This town/city tolerates or encourages substance abuse.	0.3	0.4	0.0	0.0	0.0
2 - This town/city has little or no recognition of the substance abuse problem.	11.0	4.7	1.4	5.2	2.7
3 - This town/city believes that there is a substance abuse problem, but awareness of the issue is only linked to one or two incidents involving substance abuse.	27.6	9.7	10.4	4.8	10.5
4 - This town/city recognizes the substance abuse problem and leaders on the issue are identifiable, but little planning has been done to address problems and risk factors.	28.5	27.3	25.8	20.4	25.2
5 - This town/city is planning for substance abuse prevention and focuses on practical details, including seeking funds for prevention efforts.	17.6	22.6	23.5	23.4	29.7
6 - This town/city has enough information to justify a substance abuse prevention program and there is great enthusiasm for the initiative as it begins.	3.3	7.7	10.3	11.0	10.2
7 - This town/city has created policies and/or more than one substance abuse prevention program is running with financial support and trained staff.	6.8	11.5	5.4	19.6	13.5
8 - This town/city views standard SA programs as valuable, new programs are being developed to reach out to at-risk populations and there is ongoing sophisticated evaluation of current efforts.	3.6	9.7	19.5	10.4	6.6
9 - This town/city has detailed and sophisticated knowledge of prevalence, risk factors, and SA program effectiveness and the programming is tailored by trained staff to address risk factors within the community.	1.3	6.5	3.7	5.2	1.6
Mean Stage of Readiness	4.15	5.24	5.43	5.56	5.09
Mean Stage of Readiness for Connecticut (n=744)	5.26				

^aAnalysis of variance (ANOVA) indicates Rural Community Type reports a significantly lower mean Community Stage of Readiness for Substance Abuse Prevention than all other Community Types (F=10.53, $p<.001$).

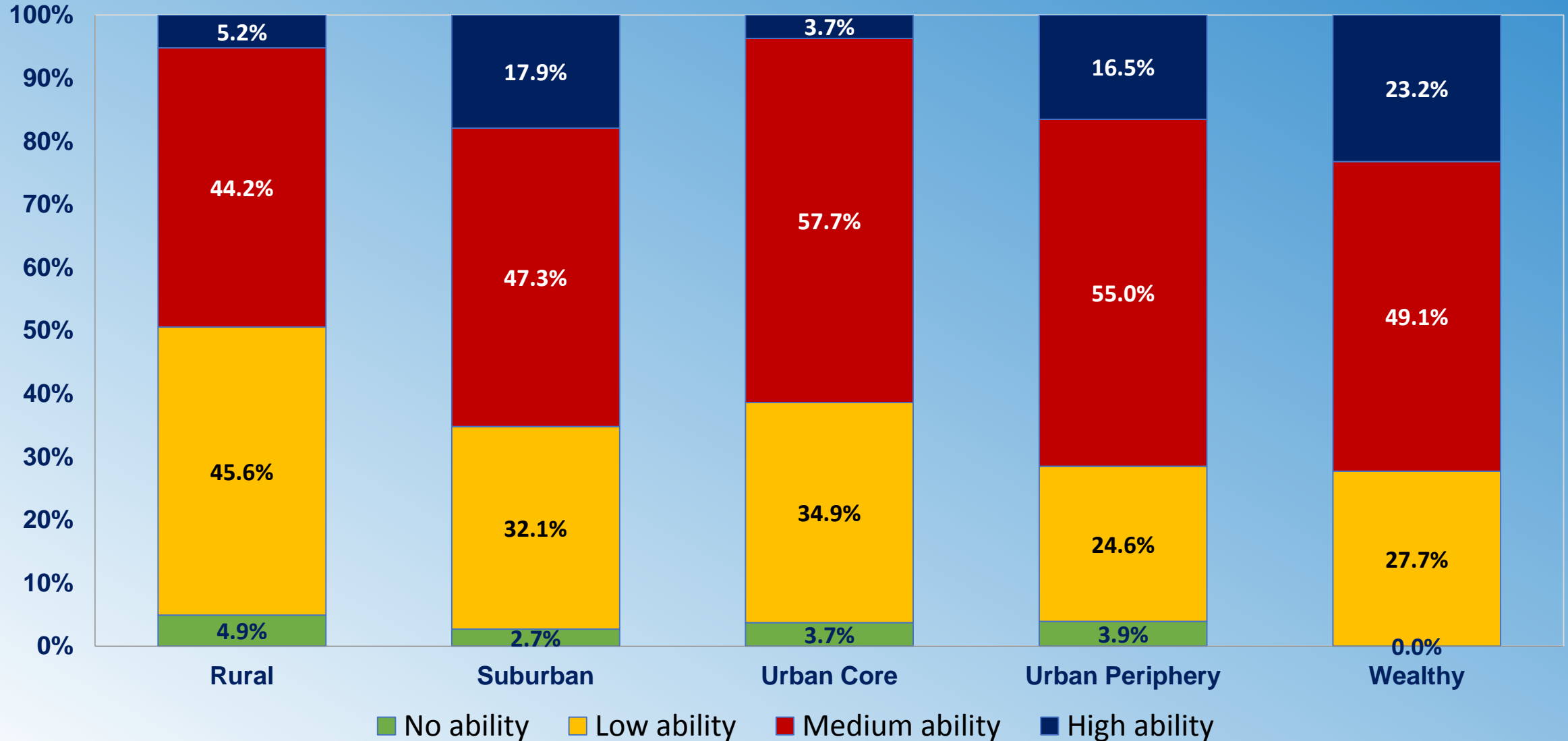
Importance of Preventing Problem Gambling in the Community by Community Type, CRS, 2018



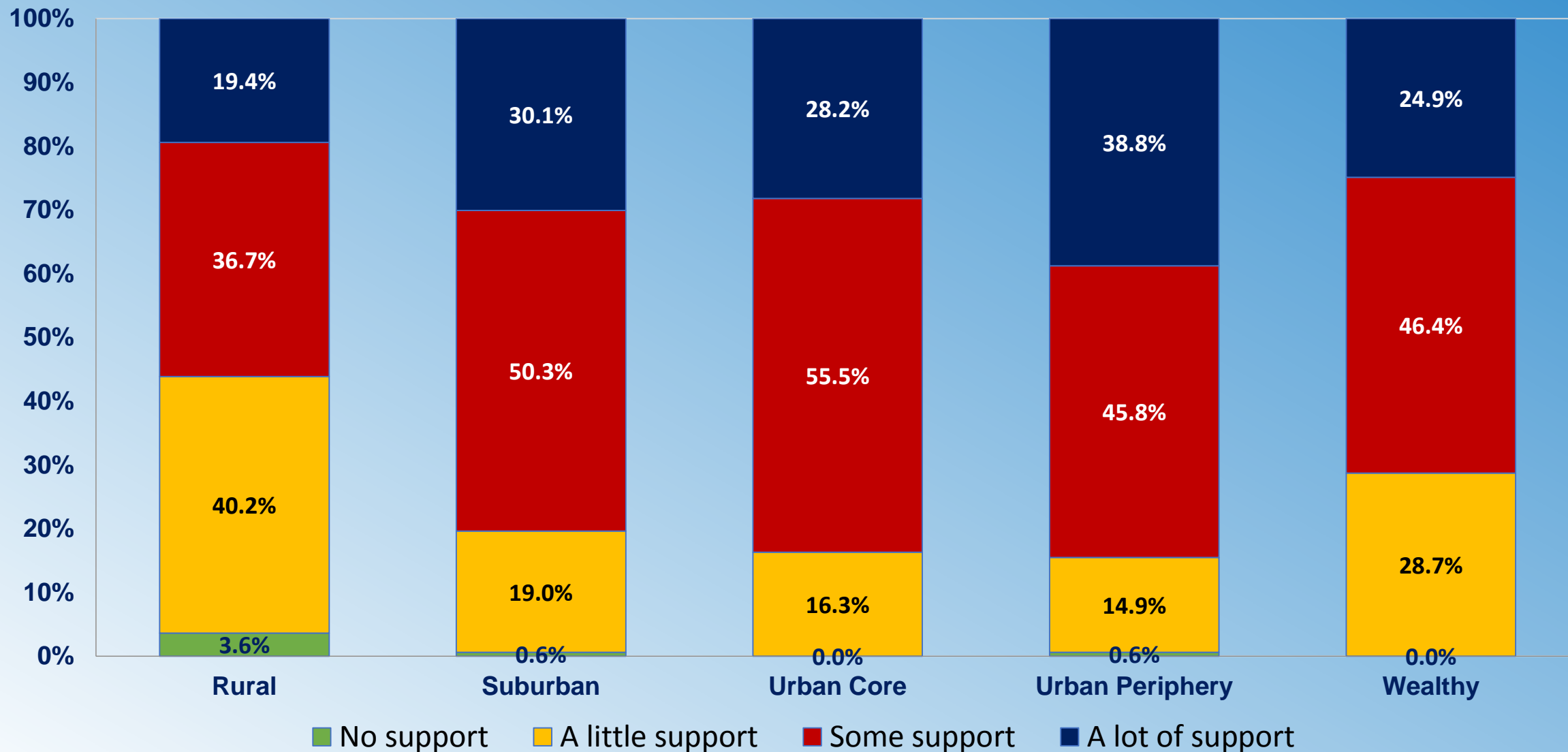
Community Need for Suicide Prevention Efforts, by Community Type, CRS, 2018



Ability to Implement Suicide Prevention Efforts, by Community Type, CRS, 2018



Community Support for Suicide Prevention Efforts, by Community Type, CRS, 2018



Key Informant Ratings of Residents' Mental Health Concerns by Community Type, CRS, 2018

Kruskal-Wallis analyses indicate differences between all Mental Health Concerns by Community Type, range: 1 – strongly disagree, 2 – somewhat disagree, 3 – somewhat agree, 4 – strongly agree; means presented.	Rural	Suburban	Urban Core	Urban Periphery	Wealthy	<i>p</i>
Are concerned about improving mental health	3.13	3.14	3.38	3.18	3.18	.002
Would support measures to identify early mental health problems in children and youth	3.32	3.21	3.35	3.40	2.26	.039
Are concerned about access to mental health services for adults	3.11	3.04	3.54	3.26	2.96	.000
Believe that mental health problems are a private matter to be addressed at home	2.57	2.60	2.26	2.43	2.64	.025