



Getting Started: A Framework for Assessing Community Readiness

Change is inherent to our work: change in how issues are defined—and by whom; change in how local public health agencies and their community partners connect, communicate and collaborate; and change in the relationship between ‘MCH’ and ‘Equity’ for greater integration of the two. Five essential components of community readiness for these changes are described below. A series of questions to stimulate dialogue among stakeholders follow each readiness component. When these five components are aligned and are of shared certainty, there is greater likelihood of effective participation and successful implementation of the work outlined in a team’s action plan.

1. REASONING: *We can communicate a clear, compelling case for doing the work, based on its potential added value for realizing equity in birth outcomes in our community.*

What is the current situation in your community of efforts to promote equity in birth outcomes? How severe is the problem now?

What already has or is being done in your community to address your continuing birth outcomes disparities? How effective are your current strategies and interventions?

How well do leading individual and organizational stakeholders in Maternal and Child Health understand and agree upon the current situation?

What is the potential value-add of using the collaborative approach at this time for improving the health of women and infants in your community?

How clearly can your community’s leading individual and organizational stakeholders articulate the value-add of collaborating in local promotion for equity in birth outcomes activities at this time?



Given multiple competing public health priorities in your community, how compelling is the case to advance equity in birth outcomes at this time?

2. RESULTS: *Together with key stakeholders in women's and children's health, we can articulate what measurable results we expect to achieve, and when we expect to achieve them.*

What are the desired results expected in your community for the reduction of birth outcome disparities?

By when do you expect to see these results? What is the expected time line for interim progress and finally achieving these results?

What measures will you use to assess progress and impact?

Do leading individual and organizational stakeholders in women's and children's health understand and agree upon these measures, timelines and results?

3. ROLES: *Essential stakeholders in our community are willing and able to champion our effort to promote birth outcome equity over time in their various roles as participants in change.*

Who are the *sponsors* (those who sanction, support, and/or legitimize change) in your community?

Who are the *agents* (those responsible for making the change happen) in your community?

Who are the *targets* (the people who must change) in your community?

Who are the *advocates* (those who want to achieve change but lack power to sanction it) in your community?



Are key sponsors and agents willing and able to fulfill their roles in the promotion of the efforts to decrease birth outcome inequities in your community at this time?

Are targets and advocates of the Ohio Equity Institute teams aligned with its sponsors and agents?

4. RISKS AND REWARDS: *There is strategic, sufficient balance between the potential benefits and possible consequences for essential community stakeholders to participate fully.*

For key sponsors and agents of change, what are the consequences of participating in the team's local initiative?

... how about *without* achieving sufficient, timely, measurable results?

For sponsors and agents, what are the rewards and recognition associated with support of and participation in the initiative? What are their incentives for genuine, sustained engagement?

Are these rewards sufficient to outweigh their perceived risks?

5. RESOURCES: *There are sufficient systems and resources in our community to support full participation in the promotion of activities to reduce disparities in birth outcomes.*

How much will it cost you, your team, your home institutions, and your community to participate?

Are your "sponsors" willing and able to assure the systems and resources necessary to fully implement the effort to promote activities to reduce birth outcome inequities over time?

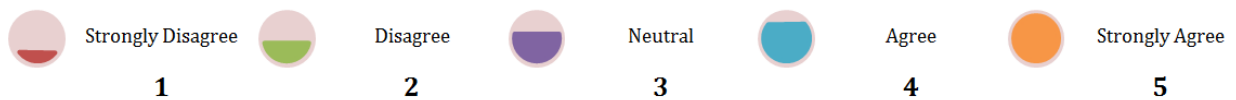


Do your “agents” have enough dedicated time to champion the promotion of activities to reduce birth outcome inequities in your community?

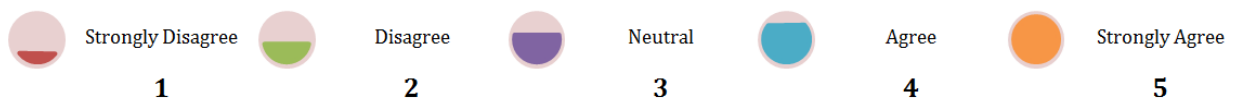


Summing Up: Our 'Community Readiness' Status

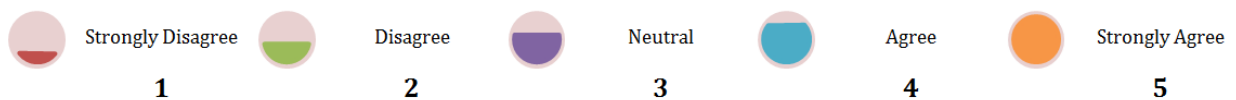
REASONING: *We can communicate a clear, compelling case for doing the work, based on its potential added value for realizing equity in birth outcomes in our community.*



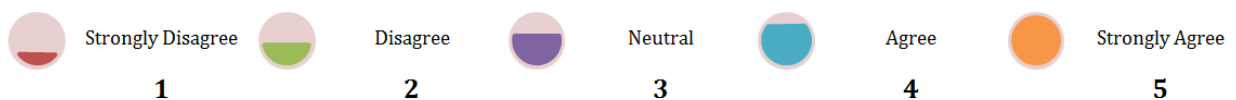
RESULTS: *Together with our key partners we can articulate what measurable results we expect to achieve to reduce birth outcome inequities...and when we expect to achieve them.*



ROLES: *Essential partners are willing and able to champion our efforts to reduce birth outcome inequities over the coming year.*

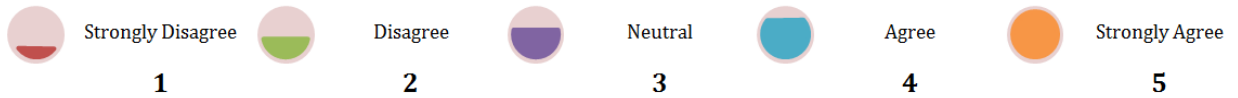


RISKS AND REWARDS: *There is sufficient strategic balance between the potential benefits and possible consequences of our doing the work to reduce birth outcome inequities.*

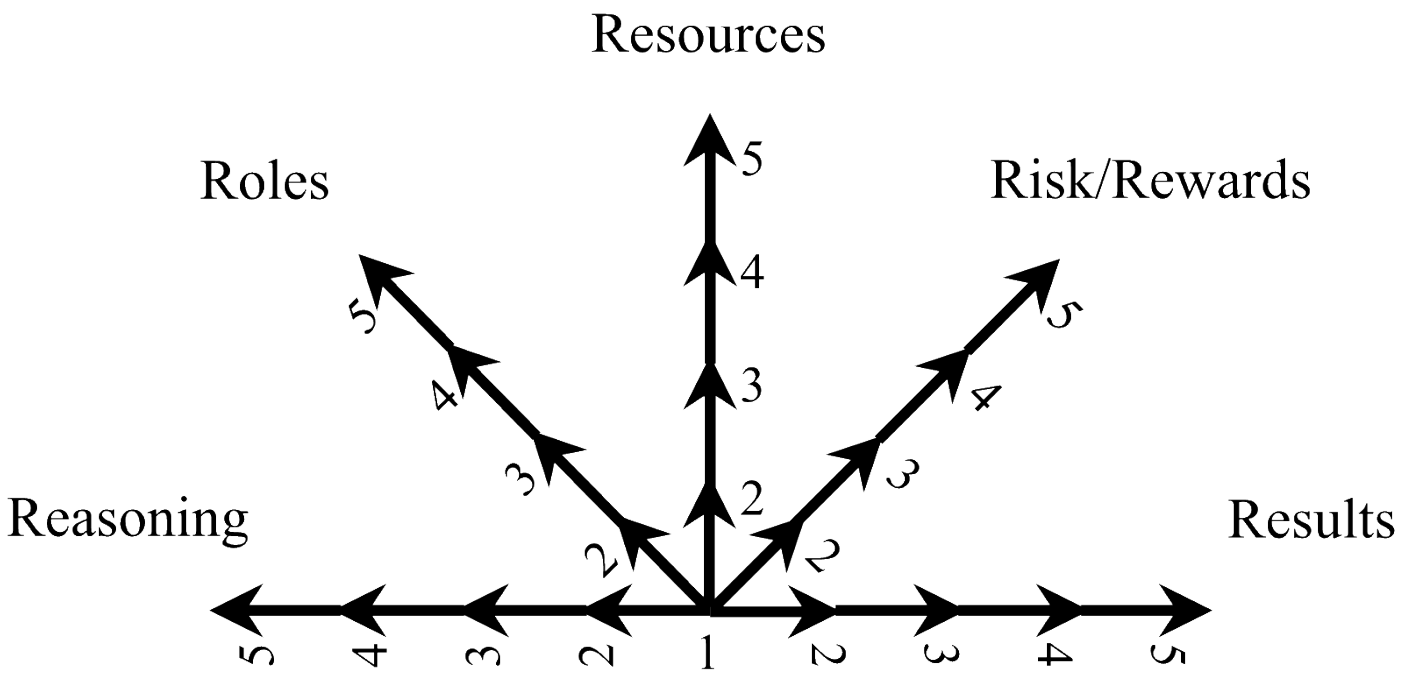




RESOURCES: *There are sufficient systems and resources to support full participation in the promotion of activities to reduce disparities in birth outcomes this year.*



**RAISING THE ROOF FOR EQUITY
IN BIRTH OUTCOMES:
HOW BIG IS YOUR TENT?**





- 1. Transfer each of your agreement scales from the Summing Up sheet to the graphic above. Mark your score on each corresponding axis with a ♦.**
- 2. Connect each of the five ♦ from axis to axis.**
- 3. Shade the inside region from axis to axis.**
- 4. Look at the shape of your 'tent': what does it tell you? Is there enough room to grow this initiative? Is it balanced? Is it able to withstand external elements that bear weight on its surface? Where is your greatest constraint?**