

Community Readiness:

A Handbook for Successful Change

- ◆ Assessing community readiness for change
 - ◆ Increasing community capacity
- ◆ Creating a climate that makes change possible

Readiness Handbook Adapted for the Colorado SPF SIG from:

Plested, B.A., Edwards, R.W., & Jumper-Thurman, P. (2005, May). *Community Readiness: A handbook for successful change*. Fort Collins, CO: Tri-Ethnic Center for Prevention Research.

What Is The Community Readiness Model?

The Community Readiness Model:

- Is a model for community change that integrates a community's culture, resources, and *level of readiness* to more effectively address an issue.
- Allows communities to define issues and strategies in their own contexts.
- Builds cooperation among systems and individuals.
- Increases community capacity for prevention and intervention.
- Encourages and enhances community investment in an issue.
- Can be applied in any community (geographic, issue-based, organizational, etc.).
- Can be used to address a wide range of issues.
- Is a guide to the complex process of community change.

What Does "Readiness" Mean?

Readiness is the degree to which a community is prepared to take action on an issue. Readiness...

- Is very issue-specific.
- Is measurable.
- Is measurable across multiple dimensions.
- May vary across dimensions.
- May vary across different segments of a community.
- Can be increased successfully.
- Is essential knowledge for the development of strategies and interventions.

Matching an intervention to a community's level of readiness is absolutely essential for success. Interventions must be challenging enough to move a community

forward in its level of readiness. However, efforts that are too ambitious are likely to fail because community members will not be ready or able to respond. To maximize chances for success, the Community Readiness Model offers tools to measure readiness and to develop stage-appropriate strategies.

Why Use The Community Readiness Model?

- It conserves valuable resources (time, money, etc.) by guiding the selection of strategies that are most likely to be successful.
- It is an efficient, inexpensive, and easy-to-use tool.
- It promotes community recognition and ownership of the issue.
- Because of strong community ownership, it helps to ensure that strategies are culturally congruent and sustainable.
- It encourages the use of *local* experts and resources instead of reliance on outside experts and resources.
- The process of community change can be complex and challenging, but the model breaks down the process into a series of manageable steps.
- It creates a community vision for healthy change.

What Should NOT Be Expected From The Model?

- The model can't make people do things they don't believe in.
- Although the model is a useful diagnostic tool, it doesn't prescribe the details of exactly what to do to meet your goals. The model defines types and intensity of strategies appropriate to each stage of readiness. Each community must then determine specific strategies consistent with their community's culture and level of readiness for each dimension.

Next is a brief overview of how the Community Readiness Model may be applied to address an issue in your community.

Process For Using The Community Readiness Model

Identify Your Issue

⇒ Define "Community"

⇒ Conduct Key Respondent Interviews

⇒ Score to Determine Readiness Level

⇒ Develop Strategies/Conduct Workshops

⇒ **COMMUNITY CHANGE!**

Step-By-Step Guide To Doing An Assessment

- **Step 1:** *Identify your issue.*
- **Step 2:** *Define "community" with respect to the issue. This may be a geographical area, a group within that area, an organization or any other type of identifiable "community."*
- **Step 3:** *To determine your community's level of readiness to address the issue, conduct a Community Readiness Assessment using key respondent interviews. This process is described further starting on page 9.*
- **Step 4:** *Once the assessment is complete, you are ready to score your community's stage of readiness for each of the dimensions, as well as your overall score. Analyze the results of the assessment using both the numerical scores and the content of the interviews.*
- **Step 5:** *Develop strategies to pursue that are stage-appropriate. For example, at low levels of readiness, the intensity of the intervention must be more low key and personal. See pages 20-24 for general types of strategies that are appropriate for each stage of readiness.*
- **Step 6:** *After a period of time, evaluate the effectiveness of your efforts. You can conduct another assessment to see how your community has progressed.*
- **Step 7:** *As your community's level of preparedness to address an issue increases, you may find it necessary to begin to address closely related issues. Utilize what you've learned to apply the model to another issue.*

In the following sections, the foundational concepts of the Community Readiness Model are defined. These are the *dimensions* and *stages* of readiness.

Dimensions of Readiness

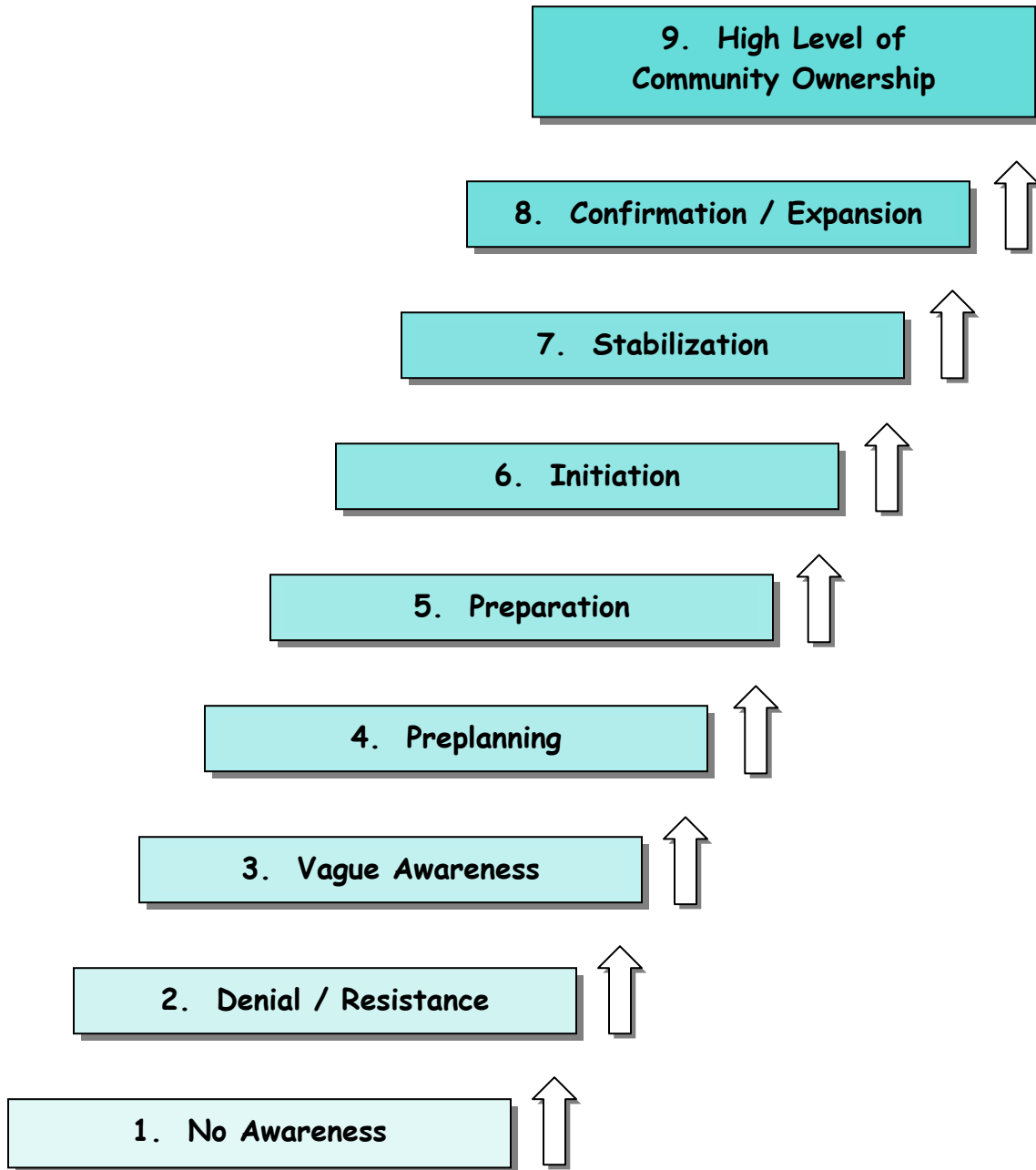
Dimensions of readiness are key factors that influence your community's preparedness to take action on an issue. The dimensions identified and measured in the Community Readiness Model are very comprehensive in nature. They are an excellent tool for diagnosing your community's needs and for developing strategies that meet those needs.

- A. **Community Efforts**: To what extent are there efforts and programs that address this issue?
- B. **Community Knowledge of the Efforts**: To what extent do community members know about local efforts and their effectiveness, and are the efforts accessible to all segments of the community?
- C. **Leadership**: To what extent are appointed leaders and influential community members supportive of the issue?
- D. **Community Climate**: What is the prevailing attitude of the community toward this issue? Is it one of helplessness or one of responsibility and empowerment?
- E. **Community Knowledge about the Issue**: To what extent do community members know about the causes of the problem, consequences, and how it impacts your community?
- F. **Resources Related to the Issue**: To what extent are local resources - people, time, money, space, etc. - available to support efforts?
- G. **Community-Related Data**: To what extent is there valid, specific, relevant data to demonstrate the causes and consequences of this issue?

Note: Dimension G was not part of the Tri Ethnic Center's Community Readiness Model and has been added specifically for Colorado's Strategic Prevention Framework State Incentive Grant.

Next, each of the seven stages of readiness
in the Community Readiness Model are defined.

Stages Of Community Readiness



STAGE	DESCRIPTION
1. No Awareness	Issue is not generally recognized by the community or leaders as a problem (or it may truly not be an issue).
2. Denial / Resistance	At least some community members recognize that it is a concern, but there is little recognition that it might be occurring locally.
3. Vague Awareness	Most feel that there is a local concern, but there is no immediate motivation to do anything about it.
4. Preplanning	There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.
5. Preparation	Active leaders begin planning in earnest. Community offers modest support of efforts.
6. Initiation	Enough information is available to justify efforts. Activities are underway.
7. Stabilization	Activities are supported by administrators or community decision makers. Staff are trained and experienced.
8. Confirmation/ Expansion	Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtained.
9. High Level of Community Ownership	Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new directions. Model is applied to other issues.

How To Conduct A Community Readiness Assessment

Conducting a Community Readiness Assessment is the key to determining your community's readiness by dimension and by overall stage. To perform a complete assessment, you will be asking individuals in your community the questions on the following pages. If translating questions from English into another language, ask a person who is very familiar with the language and culture to translate. Then, have the translated version "back-translated" into English by another person to ensure that the original content of the questions was captured. Before you begin, please review the following steps:

- 1) Select the 4-6 key informants who will be interviewed from your community. These people might represent law enforcement, schools/universities, community members at large, social services, health and medical representatives, city/county/tribal government, spiritual/religious community, youth, or mental health/treatment services. Let the interviewees know that there are no wrong answers and that the interview will take approximately 45-60 minutes.
- 2) When you are conducting the interviews, record responses as accurately as possible for scoring, avoid interjecting personal biases or values, avoid discussion, stick to questions, and only clarify when necessary. Note that even answers of "I don't know" are useful in capturing community perceptions.
- 3) Move through the interviews one at a time using the "Community Readiness Interview Questions." Read through each interview before you begin to score to get a general feeling and impression from the interview. Although questions are arranged in the interview to pertain to specific dimensions, other interview sections may have some responses that will help provide richer information and insights that may be helpful in scoring other dimensions.
- 4) Again, working independently, the two scorers (not the interviewer) should read the "Community Readiness Scoring Matrix" for the dimension being scored. Always start with the first anchored rating statement. Go through each dimension separately and highlight or underline statements that refer to the anchored rating statements. If the community exceeds the first statement, proceed to the next statement. In order to receive a score at a certain stage, all previous levels must have been met up to and including the statement which the scorer believes best reflects what is stated in the interview. In other words, a community cannot be at stage 7 and not have achieved what is reflected in the statements for stages 1 through 6. You may assign scores in intervals of .25 (e.g., 5.25, 3.75, etc.).
- 5) Under the section titled "Individual Score" [on the "Community Readiness Scoring" page], you are to fill in *your* scores for each dimension of each of the interviews. The table provides spaces for up to six key respondent interviews.

6) When your independent scoring is complete, the two scorers then meet to discuss the scores. The goal is to reach consensus on the scores by discussing items or statements that might have been missed by one scorer and which may affect the combined or final score assigned. Remember: Different people can have slightly different impressions, and it is important to seek explanation for the decisions made. Once consensus is reached, fill in the table labeled COMBINED SCORES on one of the scoring sheets. Add across each row to yield a total for each dimension.

7) After both scorers have agreed upon the scores in the above section, the mean will be calculated for the "Calculated Score." For some (actually many) this can be confusing so let me give you an example. Let's say that under the "Final Score" section, you and the other scorer have under Dimension A the following:

Interviews	#1	#2	#3	#4	#5	#6	TOTAL
Dimension A	3.5	5.0	4.25	4.75	5.5	3.75	26.75

$$\text{TOTAL Dimension A } \underline{26.75} \div \text{ \# of interviews } \underline{6} = \underline{4.46}$$

This will then be entered under Dimension A, "Calculated Score", and so forth by Dimension.

8) On the Community Readiness Assessment Graph document, double-click on the table to enter your calculated scores for each of the seven dimensions. The graph to the right will populate accordingly and give you a visual description of the dimensions on which your community has strengths and the dimensions on which your community needs improvement. By entering the seven calculated dimension scores in the table, an average will be calculated for you automatically.

9) For "Stage", you will enter the stage that is represented by your final average. Please Note: The scores correspond with the numbered stage, and are "rounded down" rather than up, so a score between a 1.0 and a 1.99 would be the first stage, a score of 2.0 to 2.99 would be the second and so forth.

10) Finally, under comments, write any impressions about this community, any unique outcomes, and qualifying statements that you wish to make regarding the score of the community.

Community Readiness Assessment Interview Questions

COMMUNITY EFFORTS AND COMMUNITY KNOWLEDGE OF EFFORTS

You will note that Dimensions A & B are combined. This is to improve the "flow" of the questions. The information to score these Dimensions is related and it is beneficial to read items from both Dimensions A & B to get a comprehensive score for each Dimension.

1. Please describe the programs and activities that are available in your community to address this issue. (A)
2. How long have these efforts been going on in your community? (A)
3. Using a scale from 1-10, how aware are people in your community of these efforts (with 1 being "no awareness" and 10 being "very aware")? Please explain. (NOTE: this figure between one and ten is NOT figured into your scoring of this dimension in any way - it is only to provide a reference point.) (B)
4. What specifically does the average community member know about these efforts or activities? (B)
5. What are the strengths of these efforts? (A)
6. What are the weaknesses of these efforts? (A)
7. Who do these programs serve? (Prompt: For example, individuals of a certain age group, ethnicity, etc.) (A)
8. Would there be any segments of the community for which these efforts/services may appear inaccessible? (Prompt: For example, individuals of a certain age group, ethnicity, income level, geographic region, etc.) (A)
9. Is there a need to expand these efforts/services? If not, why not? (A)

11. Is there any planning for additional efforts/services going on in your community surrounding this issue? If yes, please explain. Is this planning being done at the local, regional, state, or national level? (A)
12. Do you know if there is any evaluation of efforts that are in place? Are the evaluation results being used to make changes in programs, activities, or policies or to start new ones? (A)

C. COMMUNITY LEADERSHIP/POLITICAL WILL

1. Using a scale from 1 to 10, how much of a concern is this issue to the leadership in your community (with 1 being "not at all" and 10 being "of great concern")? Please explain. *(NOTE: this figure between one and ten is NOT figured into your scoring of this dimension in any way - it is only to provide a reference point.)* Leaders can be defined as formal leaders of the community (e.g., mayor, county commissioner, school board, city council, sheriff, etc.) or powerful informal leaders (e.g., prominent community leaders).
2. Would the leadership support additional efforts? Please explain. (For example: a keg identification law, DUI checkpoints, etc.)
3. Of the leaders in your community, who is aware of this issue and working to positively change it?
4. How are these leaders involved in efforts regarding this issue? Please explain. (For example: Are they involved in a committee, task force, etc.? How often do they meet?)

D. COMMUNITY CLIMATE

1. Using a scale from 1-10, how much of a concern is this issue in your community (with 1 being "not at all" and 10 being "a very great concern")? Please explain. *(NOTE: this figure between one and ten is NOT figured into your scoring of this dimension in any way - it is only to provide a reference point.)*

2. Are there ever any circumstances in which members of your community might think that this issue should be tolerated? Please explain. (Prompt: parents allowing underage drinking in their home, etc.)
3. How does the community support the efforts to address this issue?
4. What are the primary obstacles to efforts addressing this issue in your community?
5. Based on the answers that you have provided so far, what do you think is the overall feeling among community members regarding this issue?
6. What informal policies related to this issue are in place in your community, and for how long? (Prompt: police not responding to calls from a particular part of town, etc.)
7. *Note: only use the following questions if your issue is related to alcohol use or general drug use.* Would your community favor expanding existing policies, practices and laws to better address this issue? Do you think they would favor...
 - imposing a penalty on teenagers caught using alcohol?
 - imposing a penalty on adults, 21 or older, who provide alcohol to teenagers?
 - suspending or revoking the liquor licenses of stores or businesses caught selling alcohol to teenagers?
 - banning alcohol sales at community-sponsored events attended by teenagers?
 - law enforcement spending more time enforcing the minimum drinking/purchasing age at bars, restaurants, supermarkets, and convenience stores?
 - suspending a high school student from a school athletic or extracurricular event for using alcohol?
 - limiting some or all alcohol advertising (billboards, magazines)?
 - implementing public service announcements to change attitudes about alcohol and drug use?

E. COMMUNITY KNOWLEDGE ABOUT THE ISSUE

1. How knowledgeable are community members about this issue? Please explain. (Prompt: For example, dynamics, signs, symptoms, effects on family and friends, etc.)
2. How do people obtain information about this issue in your community? Is this information credible?
3. Has there been any community event involving this issue that demands a response from the community or people in drug and alcohol prevention? (Prompt: Widely publicized alcohol- or drug-related death?)
4. To what extent is there is media coverage of this issue in your community? (for example, in the newspapers, television news, radio, internet, etc.)
5. Compared to other issues (for example, traffic, the economy, violence, etc.), to what extent is this issue a huge concern in your community?
6. Do community members understand how drug and alcohol abuse affects them?

F. COMMUNITY RESOURCES FOR PREVENTION EFFORTS

1. How are current efforts funded? Is the funding coming from diverse sources (for example, federal funds, state funds, local funds, foundations, etc.) Is this funding enough to address the need? Please explain.
2. Is there enough funding to support expanding existing programs or trying new efforts?
3. What is the community's and/or local business' attitude about supporting efforts to address this issue, with people volunteering time, making financial donations, and/or providing space?
4. Are you aware of any proposals or action plans that have been submitted for funding that address this issue in your community? If yes, please explain.

5. If someone in your community was affected by this issue (for example, a youth who was in danger of abusing drugs or alcohol), would they know where to go for help? Are these resources adequate to address the community's need?
6. On a scale from 1 to 10, what is the level of expertise and training among those working on this issue (with 1 being "very low" and 10 being "very high")? Please explain. *(NOTE: this figure between one and ten is NOT figured into your scoring of this dimension in any way - it is only to provide a reference point.)*
7. Do efforts that address this issue have a broad base of volunteers?

6. COMMUNITY-RELATED DATA

1. Are information and data about this issue available in your community? (Prompt: drug-related hospital visits, marijuana use, alcohol-related traffic fatalities, etc.)
2. Are the information and data available at the needed geographic level? (Prompt: school district level, county level, neighborhood level, regional level, etc.)
3. Can you see ways where the data quality could be improved? If so, is that being addressed? Are there local plans to collect more or different kinds of data?
4. Are the data presented in an understandable way for those who are doing the planning? Have people used the data to help with strategic planning or in identifying gaps between needs and resources? If so, how?
5. What kinds of data are available to provide a full picture of the issue in your community? Is your community collecting the data directly (for example, a local survey) or is it being obtained from other sources (such as a state agency website)?
6. Is there a system in place to regularly collect and report these data?

Community Readiness Scoring Matrix

Rating	Community Efforts	Community Knowledge of Efforts	Community Leadership/ Political Will	Community Climate	Community Knowledge About Issue	Community Resources	Community-Related Data
1= No Awareness	No awareness of the need for efforts to address this issue	Community has no knowledge of need for efforts to address this issue	Leadership has no recognition of this issue	Prevailing attitude is "there's not a problem related to this issue"	Not viewed as an issue	There is no awareness of the need for resources to deal with this issue	Not collected
2 = Denial	No efforts addressing this issue	Community has no knowledge about efforts addressing this issue	Leadership believes that this is not an issue in their community	The prevailing attitude is "there's nothing we can do" or "only 'those' people do that"	No knowledge about this issue	No resources available for dealing with this issue	Data collected are perceived to be inaccurate
3 = Vague Awareness	A few individuals in the community recognize need to for some type of effort, but there is no immediate motivation	Some members of the community have heard about efforts, but the extent of their knowledge is limited	Leaders recognize the need to do something regarding this issue; offer only verbal support	Community climate is neutral, disinterested, or believes that this issue does not affect the community as a whole	A few in the community recognize that some people here may be affected by this issue	Community is not sure what it would take, or where the resources would come from to initiate efforts	Some anecdotal data collected
4 = Preplanning	Some community members have met and have begun a discussion of developing community efforts	Some members of the community are beginning to seek knowledge about efforts in their own, or similar communities	Leaders are trying to get something started; a meeting has been held to discuss this issue	The attitude in the community is now beginning to reflect interest in this issue.	Some community members recognize that this issue occurs locally, but information about this issue is lacking	Some in the community know what resources are available to deal with this issue	Types of information needed and possible sources have been identified
5 = Buy-in Direct Impact Planning	Efforts (programs/ activities) are being planned by the community	Some members of the community have basic knowledge about local efforts (i.e. purpose)	Leaders are part of a committee(s) and are meeting regularly to consider alternatives and make plans	The attitude in the community is "this is our problem" and they have modest support for efforts	Community members know that this issue occurs locally and general information about this issue is available	Some in the community are aware of available resources and a proposal has been prepared or submitted	Specific information needed has been identified; working with sources to create a data plan
6 = Initiation of work	Efforts (programs/ activities) have been implemented by the local community	An increasing number of community members have knowledge of local efforts and are trying to increase the knowledge of the general community	Leaders support implementation efforts and may be enthusiastic because they are not yet aware of the limitations or problems	The attitude in the community is "this is our responsibility" and now has modest involvement in the efforts	A majority of community members know that this issue occurs locally and there is enough information about this issue to do something	Resources have been obtained from grant funds or outside funds; Programs or activities are time limited	Implement data plan and review data, make improvements; Have conducted gaps analysis to compare risk/needs to resources
7 = Stabilization Positive outcomes	Local efforts have been running for several years and are expected to run indefinitely, no specific planning for other efforts	There is evidence that the community has specific knowledge of local efforts including contact persons, training of staff, clients involved, etc.	Leaders support continuing basic efforts and are considering resources available for self-sufficiency	The majority of the community generally supports programs, activities, or policies. "We have taken responsibility"	Community members have knowledge of, and access to, detailed information about local prevalence	A considerable part of support of on-going efforts are from local sources that will provide continuous support; additional resources are being sought	Data are used to develop a strategic plan; have used multiple validated sources to document need
8 = Confirmation & expansion	Several different local efforts are in place, reaching a wide range of people; new efforts are being developed based on feedback	There is considerable community knowledge about different community efforts, as well as the level of program effectiveness	Leaders support expanding/ improving efforts through active participation in the expansion or improvement	The general community is strongly supporting of the need for efforts; participation level is high	Community members have knowledge about prevalence, causes, risk factors, and consequences	Diversified resources and funds are secured and efforts are expected to be permanent; there is additional support for further efforts	Additional validated data has been identified and attained (containing more information or more depth)
9 = Professionalization	Evaluation plans are routinely used to test effectiveness of local efforts, wide range of people. New efforts are being developed	Community has knowledge of program evaluation data on how well the different local efforts are working, and their benefits and limitations	Leaders from all sectors of the community are directly involved in sustaining and improving the efforts	All of the community is highly supportive, and community members are actively involved in improving efforts and demand accountability	Community members have detailed information about this issue as well as information about the effectiveness of local programs	There is continuous and secure support for programs; evaluation is routinely completed; substantial resources for trying new efforts	Data collection and reporting is part of routine for community; regular, consistent data collection and reporting occurs

Community Readiness Scoring

Staff: _____

Date: _____

INDIVIDUAL SCORE

INTERVIEWS:	#1	#2	#3	#4	#5	#6
Dimension A:						
Dimension B:						
Dimension C:						
Dimension D:						
Dimension E:						
Dimension F:						
Dimension G:						

COMBINED SCORE

INTERVIEWS:	#1	#2	#3	#4	#5	#6
Dimension A:						
Dimension B:						
Dimension C:						
Dimension D:						
Dimension E:						
Dimension F:						
Dimension G:						

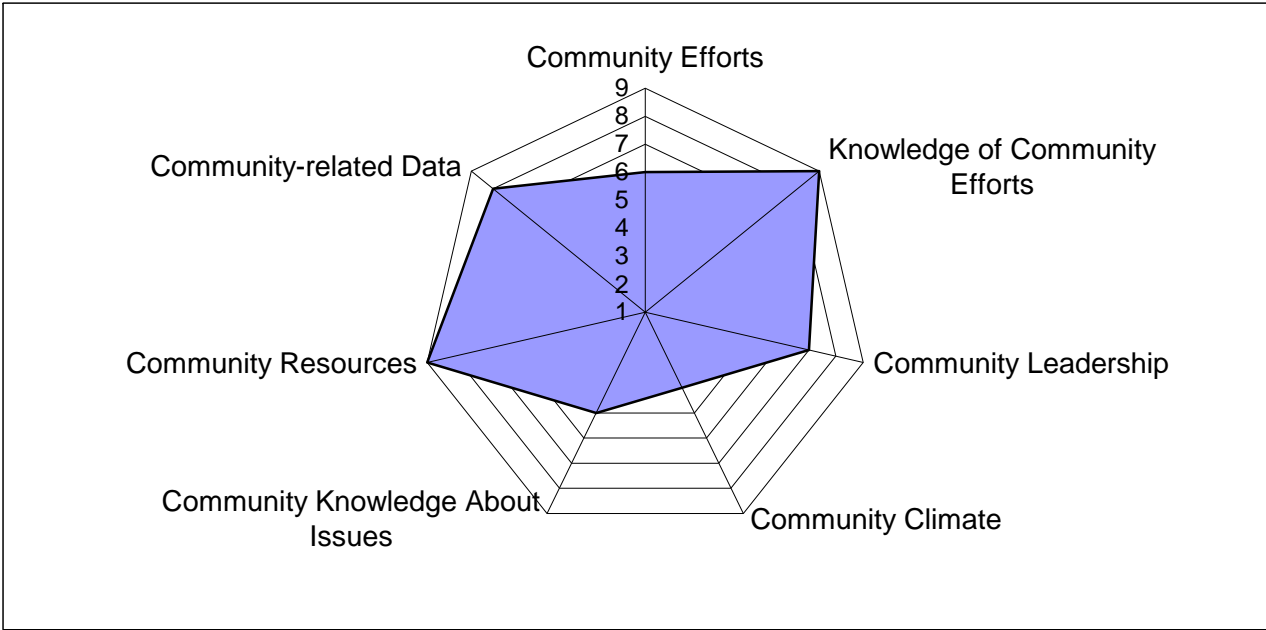
CALCULATED SCORE

CALCULATED SCORES: Please enter the Combined Scores from the table above into the provided matrix in order to automatically calculate your community's final scores for each dimension.

COMMENTS:

Community Readiness Assessment Graph

Dimension	Final Score
Community Efforts	6
Knowledge of Community Efforts	9
Community Leadership	7
Community Climate	4
Knowledge About Issues	5
Community Resources	9
Community-related Data	8
Average	5.33



STAGE: _____

- **COMMENTS** about Calculated Score (if any):

Using The Assessment To Develop Strategies

With the information you've gained in terms of dimensions and overall readiness, you're now ready to develop strategies that will be appropriate for your community. This may be done in a small group or community workshop format.

The first thing to do is look at the distribution of scores across the dimensions. Are they all about the same? Are some lower than others?

To move ahead, readiness on all dimensions must be at about the same level - so if you have one or more dimensions with lower scores than the others, focus your efforts on strategies that will increase the community's readiness on that dimension or those dimensions first. Make certain the intensity level of the intervention or strategy is consistent with, or lower than, the stage score for that dimension. **To be successful, any effort toward making change within a community must begin with strategies appropriate to its stage of readiness**

On the next several pages, you will find a list of generic strategies appropriate for each stage of readiness to guide you in developing strategies for your community.

Following the list of generic strategies, you will find blank forms for recording community strengths, concerns and resources, and samples of completed forms.

Goals And General Strategies Appropriate For Each Stage

1. No Awareness

Description: The community or the leaders do not generally recognize ATOD use as a problem. "It's just the way things are." Community climate may unknowingly encourage the behavior although the behavior may be expected of one group and not another (i.e., by gender, race, social class, age).

Goal: Raise awareness of the issue

- Make one-on-one visits with community leaders/members.
- Visit existing and established small groups to inform them of the issue.
- Make one-on-one phone calls to friends and potential supporters.

2. Denial / Resistance

Description: There is little or no recognition that this might be a local problem but there is usually some recognition by at least some members of the community that the behavior itself is or can be a problem. If there is some idea that it is a local problem, there is a feeling that nothing needs to be done about it locally. "It's not our problem." "It's just those people who do that." "We can't do anything about it." Community climate tends to be passive or guarded.

Goal: Raise awareness that the problem or issue exists in this community

- Continue one-on-one visits and encourage those you've talked with to assist.
- Discuss descriptive local incidents related to the issue.
- Approach and engage local educational/health outreach programs to assist in the effort with flyers, posters, or brochures.
- Begin to point out media articles that describe local critical incidents.
- Prepare and submit articles for church bulletins, local newsletters, club newsletters, etc.
- Present information to local related community groups.

(Note that media efforts at the lower stages must be lower intensity as well. For example, place media items in places where they are very likely to be seen, e.g., church bulletins, smaller newsletter, flyers in laundromats or post offices)

3. Vague Awareness

Description: There is a general feeling among some in the community that there is a local problem and that something ought to be done about it, but there is no immediate motivation to do anything. There may be stories or anecdotes about the problem, but ideas about why the problem occurs and who has the problem tend to be stereotyped and/or vague. No identifiable leadership exists or leadership lacks

energy or motivation for dealing with this problem. Community climate does not serve to motivate leaders.

Goal: Raise awareness that the community can do something

- Get on the agendas and present information at local community events and to unrelated community groups.
- Post flyers, posters, and billboards.
- Begin to initiate your own events (pot lucks, potlatches, etc.) and use those opportunities to present information on the issue.
- Conduct informal local surveys and interviews with community people by phone or door-to-door.
- Publish newspaper editorials and articles with general information and local implications.

4. Preplanning

Description: There is clear recognition on the part of at least some that there is a local problem and that something should be done about it. There are identifiable leaders, and there may even be a committee, but efforts are not focused or detailed. There is discussion but no real planning of actions to address the problem. Community climate is beginning to acknowledge the necessity of dealing with the problem.

Goal: Raise awareness with concrete ideas to combat condition

- Introduce information about the issue through presentations and media.
- Visit and invest community leaders in the cause.
- Review existing efforts in community (curriculum, programs, activities, etc.) to determine who the target populations are and consider the degree of success of the efforts.
- Conduct local focus groups to discuss issues and develop strategies.
- Increase media exposure through radio and television public service announcements.

5. Preparation

Description: Planning is going on and focuses on practical details. There is general information about local problems and about the pros and cons of prevention activities, actions or policies, but it may not be based on formally collected data. Leadership is active and energetic. Decisions are being made about what will be done and who will do it. Resources (people, money, time, space, etc.) are being actively sought or have been committed. Community climate offers at least modest support of efforts.

Goal: Gather existing information with which to plan strategies

- Conduct school drug and alcohol surveys.
- Conduct community surveys.
- Sponsor a community picnic to kick off the effort.
- Conduct public forums to develop strategies from the grassroots level.
- Utilize key leaders and influential people to speak to groups and participate in local radio and television shows.
- Plan how to evaluate the success of your efforts.

6. Initiation

Description: Enough information is available to justify efforts (activities, actions or policies). An activity or action has been started and is underway, but it is still viewed as a new effort. Staff is in training or has just finished training. There may be great enthusiasm among the leaders because limitations and problems have not yet been experienced. Community climate can vary, but there is usually no active resistance, (except, possibly, from a small group of extremists), and there is often a modest involvement of community members in the efforts.

Goal: Provide community-specific information

- Conduct in-service training on Community Readiness for professionals and paraprofessionals.
- Plan publicity efforts associated with start-up of activity or efforts.
- Attend meetings to provide updates on progress of the effort.
- Conduct consumer interviews to identify service gaps, improve existing services and identify key places to post information.
- Begin library or Internet search for additional resources and potential funding.
- Begin some basic evaluation efforts.

7. Stabilization

Description: One or two programs or activities are running, supported by administrators or community decision-makers. Programs, activities or policies are viewed as stable. Staff are usually trained and experienced. There is little perceived need for change or expansion. Limitations may be known, but there is no in-depth evaluation of effectiveness nor is there a sense that any recognized limitations suggest an immediate need for change. There may or may not be some form of routine tracking of prevalence. Community climate generally supports what is occurring.

Goal: Stabilize efforts and programs

- Plan community events to maintain support for the issue.

- Conduct training for community professionals.
- Conduct training for community members.
- Introduce your program evaluation through training and newspaper articles.
- Conduct quarterly meetings to review progress, modify strategies.
- Hold recognition events for local supporters or volunteers.
- Prepare and submit newspaper articles detailing progress and future plans.
- Begin networking among service providers and community systems.

8. Confirmation / Expansion

Description: There are standard efforts (activities and policies) in place and authorities or community decision-makers support expanding or improving efforts. Community members appear comfortable in utilizing efforts. Original efforts have been evaluated and modified and new efforts are being planned or tried in order to reach more people, those more at risk, or different demographic groups. Resources for new efforts are being sought or committed. Data are regularly obtained on extent of local problems and efforts are made to assess risk factors and causes of the problem. Due to increased knowledge and desire for improved programs, community climate may challenge specific efforts, but is fundamentally supportive.

Goal: Expand and enhance services

- Formalize the networking with qualified service agreements.
- Prepare a community risk assessment profile.
- Publish a localized program services directory.
- Maintain a comprehensive database available to the public.
- Develop a local speaker's bureau.
- Initiate policy change through support of local city officials.
- Conduct media outreach on specific data trends related to the issue.
- Utilize evaluation data to modify efforts.

9. High Level of Community Ownership

Description: Detailed and sophisticated knowledge of prevalence, risk factors and causes of the problem exists. Some efforts may be aimed at general populations while others are targeted at specific risk factors and/or high-risk groups. Highly trained staff are running programs or activities, leaders are supportive, and community involvement is high. Effective evaluation is used to test and modify programs, policies or activities. Although community climate is fundamentally supportive, ideally community members should continue to hold programs accountable."

Goal: Maintain momentum and continue growth

- Maintain local business community support and solicit financial support from them.
- Diversify funding resources.
- Continue more advanced training of professionals and paraprofessionals.
- Continue re-assessment of issue and progress made.
- Utilize external evaluation and use feedback for program modification.
- Track outcome data for use with future grant requests.
- Continue progress reports for benefit of community leaders and local sponsorship. At this level the community has ownership of the efforts and will invest themselves in maintaining the efforts.

Important Points About Using The Model

Keep in mind that **dimension scores provide the essence of the community diagnostic**, which is an important tool for strategizing. If your Community Readiness Assessment scores reveal that readiness in one dimension is much lower than readiness in others, you will need to focus your efforts on improving readiness in that dimension. For instance, if the community seems to have resources to support efforts but lack committed leadership to harness those resources, strategies might include one-on-one contacts with key leaders to obtain their support.

As another example, if a community has a moderate level of existing efforts but very little community knowledge of those efforts, one strategy may be to increase public awareness of those efforts through personal contacts and carefully chosen media consistent with the readiness stage.

Remember:

"Best practices" are only best for your community if they are congruent with your stage of readiness and are culturally appropriate for your community.

Record of Community Strengths, Concerns, and Resources

Community Name: _____ Date of Workshop: _____

Staff Name(s): _____

Overall Readiness Score and Stage: _____

<u>Strengths</u>	<u>Concerns</u>	<u>Resources</u>

Record of Community Strengths, Concerns, and Resources

Community Name: **Anywhere, USA**

Date of Workshop: **6/1/2004**

Staff Name(s):

Overall Readiness Score and Stage: **4, Preplanning**

<u>Strengths</u>	<u>Concerns</u>	<u>Resources</u>
Community pride Caring for one another Strong family unit Strong religious background Education is important Has everything (self-sufficient) Strong work ethic Self policing Cultural heritage Low crime / safe Honesty (painfully so) Low cost of living Lake Recreation (baseball, track, golf) Education and sports achievements	Negative attitude Clique-ish / exclusive Powerful and inaccurate gossip Nosy (everybody's business) Self righteousness School involvement is low Focus on negatives Tough to challenge Self policing Elderly population ignored Lack of program buy-in from general community Low socioeconomic status Too competitive Lack of youth input Large minority population that is ignored (small population) Lack of high paying jobs in community	School Church Community and civic groups Good healthcare Volunteer EMS Lake School activities and clubs Family Neighbors Finances Volunteer fire department Sports Strong political connections History (USA today, home of the 1 st governor, ladies golf) Local newspaper Local radio station

Record of Community Interventions and Strategies: Action Plan

Community Name: _____ Date of Workshop: _____

Staff Name(s): _____

Overall Readiness Score and Stage: _____

Intervention / Strategies

1.)	Who's Responsible:
	Target Date for Completion:
	Date of Completion:
2.)	Who's Responsible:
	Target Date for Completion:
	Date of Completion:
3.)	Who's Responsible:
	Target Date for Completion:
	Date of Completion:
4.)	Who's Responsible:
	Target Date for Completion:
	Date of Completion:
5.)	Who's Responsible:
	Target Date for Completion:
	Date of Completion:

Record of Community Interventions and Strategies: Action Plan

Community Name: **Anywhere USA**

Date of Workshop: **6/1/2004**

Staff Name(s):

Overall Readiness Score and Stage: **4, Preplanning**

Intervention / Strategies

<p>1.) Educational / Presentations to Adult Groups</p> <p>What: Information Dissemination When: 1st parent-teacher conference (early Nov.) for ½ hour; Holiday Fair Where: School during conferences How: Table with information</p>	<p>Who's Responsible: Prevention Specialist, Regional Prevention Specialist (to provide the information) and PTA president (to coordinate with Healthy Communities , Healthy Youth and Safe Communities Coalition)</p> <hr/> <p>Target Date for Completion: Early November</p> <hr/> <p>Date of Completion:</p>
<p>2.) Increase Exposure of Methamphetamine Threat</p> <p>What: Parent Orientation / Open House Night at the school When: September (beginning of school year) at Parent Orientation Night Where: School How: 1.) Letter to all parents from schools 2.) Article / Open invite in the paper 3.) Radio show 4.) Include the "Walk to Talk" presentation from the Human Service Agency</p>	<p>Who's Responsible: School Administration, Prevention Specialist (Regional Prevention Specialist to help if Prevention Specialist is not available), Athletic Director, and Principal</p> <hr/> <p>Target Date for Completion: September</p> <hr/> <p>Date of Completion:</p>

3.) Information Dissemination

What: General information about alcohol and meth (in Character Counts bags provided on DCI agent table)

Where: Holiday Fair booth, Nov. 15th

How: Character Counts contents and bags, general information, bags with logos

Who's Responsible: Teacher (to coordinate the effort with the school), Teacher on Fair Committee (to coordinate effort with the Holiday Fair Committee), Sheriff (will check in DCI's involvement), Superintendent (will check on Character Counts bags) PTA president (to coordinate with community coalition), and Prevention Specialist (to help provide information to disseminate)

Target Date for Completion: November 15th

Date of Completion:

4.) Community School-Based Activities to the General Community

When: - Announcements to the local newspaper will be published 2 times prior to every pertinent event

- Public Service Announcements on the events will be made at every home game / event

- All factoids should be delivered to Safe and Drug Free Coordinator and/or teacher by Thanksgiving Day

How: All events in which parent attendance would be appropriate will be publicized before hand at least twice, whereas an article will be submitted to the local newspaper on all events in which parent attendance would not be appropriate

Announcements prior to the event shall be made:

- Local newspaper

- PSA's at all home games and assemblies

-when announcements are not necessary, factoids will be used

- Candy bars and concessions will be wrapped with a piece of paper announcing the event of a factoid

Who's Responsible:

-Safe and Drug Free Coordinator to get the dated of the assemblies

-Safe and Drug Free Coordinator to type up and send pertinent announcements to the paper

-Teacher, Safe and Drug Free Coordinator, Prevention Specialist, Pastor, and Parent all to supply Safe and Drug Free Coordinator and/or Teacher with 10 facts each about meth

-Teacher and/or Safe and Drug Free Coordinator to make sure that the announcer at each home game and the concession stands are provided with the factoids in time to make the announcement

Target Date for Completion: Thanksgiving Day

Date of Completion:

Converging Of Issues As The Community Progresses Through The Stages Of Readiness

It is not necessary - and, indeed, often not desirable - to maintain a narrow focus on an issue throughout the full range of the stages of the model. For issues that are related, it is, however, necessary to focus specifically on individual components until the community is at approximately the same stage of readiness for each before combining them and moving on.

For example, the readiness level of a community to address drug use in general among youth may be fairly high - there are efforts in place, evaluation is guiding modifications to these efforts as needed, etc. However, when a "new" drug emerges as an issue in the community, such as methamphetamine or club drugs, the community may need to concentrate efforts on those drugs for a time to bring awareness and development of any specific services/efforts needed to deal with the "new" drugs up to the level of their other efforts before absorbing those efforts into the overall drug prevention/intervention strategies. This usually will happen by stage six or higher.

Example:

9 Community Ownership

8 Expansion / Confirmation

7 Stabilization

6 Initiation

5 Preparation

4 Preplanning

3 Vague Awareness

2 Denial / Resistance

1 No Awareness

General Drug Prevention Program

Methamphetamine

Club Drugs

Stage

Bibliography for the Original Tri Ethnic Center Community Readiness Assessment Model

- Donnermeyer, J. F., Oetting, E. R., Plested, B. A., Edwards, R. W., Jumper-Thurman, P., & Littlethunder, L. (1997). Community readiness and prevention programs. *Journal of Community Development, 28*(1), 65-83.
- 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.
- Jumper-Thurman, P. (2000). In D. Bigfoot (Ed.), *Community Readiness: A promising model for community healing*. (Native American topic specific monograph series). The University of Oklahoma Health Sciences Center, U.S. Department of Justice.
- Jumper-Thurman, P., Edwards, R. W., Plested, B. A., & Oetting, E. R. (2003). Honoring the differences: Using community readiness to create culturally valid community interventions. In G. Bernal, J. Trimble, K. Burlew, & F. Leong (Eds.), *Handbook of Racial & Ethnic Minority Psychology* (pp. 591-607). Thousand Oaks, CA: Sage Publications.
- Jumper-Thurman, P. & Plested, B. A. (2000). Community readiness: A model for healing in a rural Alaskan community. *The Family Psychologist, (Summer)*, 8-9.
- Jumper-Thurman, P., Plested, B. A., Edwards, R. W., Foley, R., & Burnside, M. (2003). Community readiness: The journey to community healing. *Journal of Psychoactive Drugs, 35*(1), 27-31.
- Jumper-Thurman, P., Plested, B. A., Edwards, R. W., Helm, H. M., & Oetting, E. R. (2001). Using the community readiness model in Native communities. *Health Promotion and Substance Abuse Prevention Among American Indian and Alaska Native Communities: Issues in Cultural Competence, CSAP 9*, 129-158.
- Kelly, K., Edwards, R. W., Comello, M. L. G., Plested, B. A., Thurman, P. J., & Slater, M. D. (2003). The Community Readiness Model: A complimentary approach to social marketing. *Journal of Marketing Theory, 3*(4), 411-425.
- Oetting, E. R., Donnermeyer, J. F., Plested, B. A., Edwards, R. W., Kelly, K., & Beauvais, F. (1995). Assessing community readiness for prevention. *The International Journal of the Addictions, 30*(6), 659-683.
- Oetting, E. R., Jumper-Thurman, P., Plested, B., & Edwards, R. W. (2001). Community readiness and health services. *Substance Use and Misuse, 36*(6&7), 825-843.
- Plested, B.A., Jumper-Thurman, P., Edwards, R. W., & Oetting, E. R. (1998). Community readiness: A tool for effective community-based prevention. *Prevention Researcher, 5*(2), 5-7.

Plested, B. A., Smitham, D. M., Jumper-Thurman, P., Oetting, E. R., & Edwards, R. W. (1999). Readiness for drug use prevention in rural minority communities. *Substance Use and Misuse, 34*(4&5), 521-544.

Slater, M. D., Edwards, R. W., Plested, B. A., Thurman, P. J., Kelly, K. J., Comello, M. L. G., & Keefe, T. J. (2005). Using Community Readiness key informant assessments in a randomized group prevention trial: Impact of a participatory community-media intervention. *Journal of Community Health, 30*(1), 39-53.

Slater, M. D., Kelly, K., & Edwards, R. W. (2000). Integrating social marketing, community readiness and media advocacy in community-based prevention efforts. *Social Marketing Quarterly, 6*(3), 125-137.