Community Readiness

Introduction: Community readiness has been identified as one of the first steps that need to be taken to effectively create change. Often, strategies are implemented in a community who isn't ready for such strategies, leading to failed efforts. By gauging the readiness of the community, capacity can be built to increase readiness and strategies can be identified that fit the community's current stage, and ultimately lead to community buy in and change.

Definition: The capacity of a community to implement programs, policies and other changes that are designed to reduce the likelihood of substance use.

How is Community Readiness Determined?

1. Identify the issue
2. Define the community
3. Conduct key respondent interviews
4. Score interviews to determine level of readiness.
5. Develop strategies based on level of readiness and conduct workshops or trainings.

There are several examples of assessments available. These include:

1. CSAP: Prevention Platform
2. Community Partner Institute: Community Prevention Readiness Index
3. Tri-Ethnic Center: Community Readiness Model
4. Goodman and Wandersman: Community Key Leader Survey
5. Minnesota Institute of Public Health: Community Readiness Survey

Stages of Readiness:

Although there are several instruments available to measure community readiness, all of them have common stages. Below are the stages of community readiness identified through the scoring process of the community readiness assessment

Stages of Community Readiness	
Stage and Name	
1. Community Tolerance/No Knowledge	Substance abuse is generally not recognized by the community or leaders as a problem. "It's just the way things are" is a common attitude. Community norms may encourage or tolerate the behavior in social context. Substance abuse may be attributed to certain age, sex, racial, or class groups.
2. Denial	There is some recognition by at least some members of the community that the behavior is a problem, but little or no recognition that it is a local problem. Attitudes may include "It's not my problem" or "We can't do anything about it."
3. Vague Awareness	There is a general feeling among some in the community that there is a local problem and that something ought to be done, but there is little motivation to do anything. Knowledge about the problem is limited. No identifiable leadership exists, or leadership is not encouraged.
4. Preplanning	There is clear recognition by many that there is a local problem and something needs to be done. There is general information about local problems and some discussion. There may be leaders and a committee to address the problem, but no real planning or clear idea of how to progress.
5. Preparation	The community has begun planning and is focused on practical details. There is general information about local problems and about the pros and cons of prevention programs, but this information may not be based on formally collected data. Leadership is active and energetic. Decisions are being made and resources (time, money, people, etc.) are being sought and allocated.
6. Initiation	Data are collected that justify a prevention program. Decisions may be based on stereotypes rather than data. Action has just begun. Staff is being trained. Leaders are enthusiastic as few problems or limitations have occurred.
7. Institutionalization/ Stabilization	Several planned efforts are underway and supported by community decision makers. Programs and activities are seen as stable, and staff is trained and experienced. Few see the need for change or expansion. Evaluation may be limited, although some data are routinely gathered.
8. Confirmation/ Expansion	Efforts and activities are in place and community members are participating. Programs have been evaluated and modified. Leaders support expanding funding and program scope. Data are regularly collected and used to drive planning.

9. Professionalization	The community has detailed, sophisticated knowledge of prevalence and risk and protective factors. Universal, selective, and indicated efforts are in place for a variety of focus populations. Staff is well trained and experienced. Effective evaluation is routine and used to modify activities. Community involvement is high.

Strategies to Increase Readiness

Below are suggested strategies to move communities from a lower stage to a higher one. It is important to keep in mind that it is not suggested that communities should try to skip stages. For example, if you find your community is in stage 1, do not try to force it into stage 5. Change must happen through preparation and process, not coercion.

Stage 1: Community Tolerance/No Knowledge

Strategies:
•   Small-group and one-on-one discussions with community leaders to identify perceived benefits of substance abuse and how norms reinforce use

•   Small-group and one-on-one discussions with community leaders on the health, psychological, and social costs of substance abuse to change perceptions among those most likely to be part of the group that begins development of programs

Stage 2: Denial

Strategies:
•   Educational outreach programs to community leaders and community groups interested in sponsoring local programs focusing on the health, psychological, and social costs of substance abuse

•   Use of local incidents in one-on-one discussions and educational outreach programs that illustrate harmful consequences of substance abuse

Stage 3: Vague Awareness

Strategies:

•   Educational outreach programs on national and State prevalence rates of substance abuse and prevalence rates in communities with similar characteristics, including use of local incidents that illustrate harmful consequences of substance abuse

- Local media campaigns that emphasize consequences of substance abuse

Stage 4: Preplanning

Strategies:
- Educational outreach programs to community leaders and sponsorship groups that communicate the prevalence rates and correlates or causes of substance abuse

- Educational outreach programs that introduce the concept of prevention and illustrate specific prevention programs adopted by communities with similar profiles

- Local media campaigns emphasizing the consequences of substance abuse and ways of reducing demand for illicit substances through prevention programming

Stage 5: Preparation

Strategies:
- Educational outreach programs open to the general public on specific types of prevention programs, their goals, and how they can be implemented

- Educational outreach programs for community leaders and local sponsorship groups on prevention programs, goals, staff requirements, and other startup aspects of programming

- A local media campaign describing the benefits of prevention programs for reducing consequences of substance abuse

Stage 6: Initiation

Strategies:

- In-service educational training for program staff (paid and volunteer) on the consequences, correlates, and causes of substance abuse and the nature of the problem in the local community

- Publicity efforts associated with the kickoff of the program

- A special meeting with community leaders and local sponsorship groups to provide an update and review of initial program activities

Stage 7: Institutionalization/Stabilization

Strategies:

• In-service educational programs on the evaluation process, new trends in substance abuse, and new initiatives in prevention programming, with trainers either brought in from the outside or with staff members sent to programs sponsored by professional societies

• Periodic review meetings and special recognition events for local supporters of the prevention program

Local publicity efforts associated with review meetings and recognition events

Stage 8: Confirmation/Expansion

Strategies:
• In-service educational programs on the evaluation process, new trends in substance abuse, and new initiatives in prevention programming, with trainers either brought in from the outside or with staff members sent to programs sponsored by professional societies

• Periodic review meetings and special recognition events for local supporters of the prevention program

• Presentation of results of research and evaluation activities of the prevention program to the public through local media and public meetings

Stage 9: Professionalization

Strategies:
• Continued in-service training of staff

• Continued assessment of new drug-related problems and reassessment of targeted groups within community

• Continued evaluation of program effort

• Continued update on program activities and results provided to community leaders and local sponsorship groups, and periodic stories through local media and public meetings

National Institute on Drug Abuse. (1997). *Community readiness for drug abuse prevention: Issues, tips and tools.* Rockville, MD: National Institute on Drug Abuse.

Community Readiness

Tool	Dimensions covered	Where is data collected?	Instrument Considerations
CSAP Prevention Platform http://preventionplatform.samhsa.gov	Based on Strategic Prevention Framework: • Assessment • Capacity • Planning • Implementation • Evaluation	• Coalitions • Leadership • Organizations (No minimum or maximum # indicated)	• Prevention Platform is under constant • reconstruction • Survey seems to be geared to an organization opposed to a community **# of Questions: 50** **Implementation training: no**
Community Partner Institute Community Prevention Readiness Index http://p2001.health.org/Cti01/suhopm4e.htm	• Conceptual Clarity • Policy Development • Strategic Planning • Networking • Evaluation • State/Local Collaboration • Technical Assistance • Funding Commitment • Program Models • Data • Leadership • Educational Support	• Individuals in the Community • Coalitions • Leadership • Organizations • (No minimum or maximum # indicated)	• Questions may need to be added under each dimension • Sample "Questions to Enrich Consideration" of dimensions available. • Questions can be adapted for representatives from all areas of the community. • Tabulation of scoring appears to be relatively easy • You can get an overall picture from survey as well as by dimension.

Tool	Dimensions covered	Where is data collected?	Instrument Considerations
			# of Questions: 12 (More can be added)
Tri-Ethnic Center Community Readiness Model http://triethniccenter.colo state.edu/index.cfm	• Existing Prevention Efforts • Community Knowledge of Prevention Efforts • Leadership • Community Climate • Knowledge About the Problem • Resources for Prevention	• Identify four to six individuals in community who are connected to the issue. • Try to find people who represent different segments of community.	• Issue specific-In the initial phases of the SPF-SIG implementation, will an issue be identified? • May have difficulties at county level because community needs to be well defined • Time: 6 interviews-1 hour • Scoring-approximately 30 hours • 3 people needed for entire process • You can get an overall picture from survey as well as by dimension.
			# of Questions: 35 Implementation Training: Available

Tool	Dimensions covered	Where is data collected?	Instrument Considerations
Goodman and Wandersman Community Key Leader Survey http://www.secapt.org/flash/science1.html	• Awareness • Concern • Action across community levels	• "Key Leaders" (No minimum or maximum # indicated)	• Key leaders are the only source. data are collected from. • May not give an accurate picture of community readiness. Questions are asked about leader's organization and personal opinions
			# of Questions: 48 Implementation Training: no
Minnesota Institute of Public Health Community Readiness Survey www.miph.org	Perception of ATOD Problem within the community Permissiveness of attitudes Toward ATOD use Support for ATOD Policy and Prevention Adolescent Access to Alcohol and Tobacco Perception of Community Commitment	Scientific random sample of 600 adults in the community	• Costs $4,900: covers all survey components from start to finish • 4-6 weeks to complete • Survey is meant to be implemented at • community level; county level • implementation must meet
			# of Questions: 52 Must be implemented through the Minnesota Institute of Public Health

Other Sources of Information about Community Readiness:

Identifying Community Resources & Assessing Community Readiness
http://www.dmhas.state.ct.us/sig/commresources/default.htm

Community Readiness: A Tool for Effective Community-Based Prevention
http://www.tpronline.org/community_readiness:_a_too

Community Readiness: A Promising Model for Community Healing
http://64.233.167.104/search?q=cache:R9H6MzN1STYJ:ccan.ouhsc.edu/Comm
- Readiness.pdf+community+readiness&hl=en