

CHAPTER 29

Honoring the Differences

Using Community

Readiness to Create Culturally

Valid Community Interventions

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More and more frequently, we hear that it takes a village to raise a child. Although that may be true, the village must be ready to assume that responsibility or it will not happen. Mobilizing and thereby changing a community system requires vision, voices, and commitment. Addressing any community social problem is a multifaceted task with many potential pitfalls. Changing national policy rarely has immediate local effects and may never have public support. Locally initiated efforts are not always successful either. They may also lack community investment. There are many good programs that have met with failure for any number of reasons. Often, in these days of

competitive time-limited grant funding, there is no sustainability of a program when funding sources end. Programs generally have a beginning and an end. With vision, however, prevention efforts can be far-reaching and sustainable. Daniel Quinn (1996) suggested that “if the world is to be saved, it will be saved by people with changed minds, people with a new vision—yet if the time isn’t right for a new idea, it will fail. If, however, the time is right, an idea can sweep the world like wildfire. The measures of change are not the ease or difficulty with which they can be effected but the readiness or unreadiness of the entity needing change.”

In our experience, successful local prevention and intervention efforts must be conceived

from models that are community specific, culturally relevant, and consistent with the level of readiness of the community to implement an intervention. Communities vary greatly from one another. Resources also vary from community to community, as do strengths, challenges, and political climates. It isn't really surprising, then, that what works in one community may not be even minimally effective in another community. Readiness is an important factor because differences in readiness indicate what can be done and what needs to be done. But each community also needs to use its own knowledge of its assets and limitations, its culture and characteristics, and its values and beliefs to build policies and programs that are congruent with the community's characteristics and that meet the community's needs.

Intervening in ethnic minority communities adds further challenges. We all know that there is no one "promising practice" that works for all African Americans, Native Americans, Alaskan Natives, Asian Americans, and Latinos, just as there is no intervention guaranteed successful for majority culture communities. In fact, even the concept of "promising practice" seriously limits the scope of premises and ideas for interventions in ethnic communities. Simply substituting language and/or pictures of ethnic people in posters and flyers does not make a culturally competent program. A lot of vision, thought, and experience must be incorporated into an intervention effort to maximize potential for success.

Many Americans carry the gifts and strengths of their cultural traditions (Center for Substance Abuse and Prevention, 1994). These cultural backgrounds influence the way we dress, the food we eat, the music we listen to, the festivals we celebrate, the way we think, and so much more (Center for Substance Abuse and Prevention, 1994). The challenge is in defining culture. It is often viewed as language, ethnicity, race, or even religion, and although it draws on all of these elements, it is not synonymous with any of them (Center for

Substance Abuse and Prevention, 1994). Complicating the issue are the many stereotypes and misconceptions about racial and ethnic groups that exist. In developing strategies for intervention in any community, it is important that the information used to justify the efforts is accurate and that the local community is deeply involved in the development.

Acknowledging that there are differences within each ethnic group that are as great or greater than differences between ethnic groups is also critically important in developing successful intervention strategies. There are 478 tribes recognized by the Bureau of Indian Affairs (BIA) and 52 tribes without official status with the BIA, and 142 Native languages are still spoken (Heinrich, Corbine, & Thomas, 1990). Each tribal group has a different language, different customs, and different traditions. The political structures vary, as do the religious and spirituality structures, the ceremonies, and many more aspects. The terms *American Indian* or *Native American* fail to recognize the richness of all these differences. This is true for other ethnic groups as well.

The take-home lesson for this chapter is that *every* community is different and *every* community has a culture. In fact, it is virtually impossible to completely understand the culture of a specific, individual community from outside that community. Yet to be effective, we must base intervention strategies on the culture or cultures existing within that specific community. Recognizing this does not disempower us; nor does it imply that successful intervention is impossible. Rather, it gives us a strong tool for creating interventions that have greater potential for success. We are armed with the knowledge that culture can be a tool to build resiliency within the community. The interventions developed around local culture have a greater chance to be "owned" by the community. The motivation, direction, planning, and action must all involve a high level of community participation—a community vision! Generating

this high level of community involvement, however, is not an easy task. Attitudes toward a specific problem vary considerably across communities. One community may be highly motivated to do something about that problem, whereas another community may not even recognize that it is a problem.

Several tools are needed to meet these challenges. First, a general but very practical method must be used to determine where a community stands on a particular social issue (i.e., how ready the community is to get involved in doing something about a problem). Second, we need an ethical method for changing the community, for moving it to the point where it can develop strategies to solve the problem. Third, we need methods that ensure that what is done is consistent with the culture of the community. Fourth, we need a method that leads to development and maintenance of programs that are effective. Such tools have been developed at the Tri-Ethnic Center for Prevention Research using the theory of community readiness.

COMMUNITY READINESS

Community readiness theory (Donnermeyer et al., 1997; Plested, Jumper-Thurman, Edwards, & Oetting, 2000; Oetting et al., 1995; Plested, Smitham, Jumper-Thurman, Oetting, & Edwards, 1999; Thurman, Plested, Edwards, & Oetting, 2001) provides a practical step-by-step framework for making culturally valid changes in communities. Community readiness is a research-based theory that provides a basic understanding of the intervention process in communities. The Edwards et al. (2000) article provides the most recent and comprehensive review of the development of the theory and includes all of the instruments needed to apply the model. The theory allows us to accurately describe the developmental level of a community relative to a specific issue or problem. The theory defines the developmental

stages that have to be worked through to move the community toward implementing and maintaining efforts to reduce the problem. It provides specific guidelines at each stage for the type and intensity level of strategies that may lead to movement to the next stage. It provides direction to the community on how to achieve the necessary community involvement to create a vision that can lead to change. These guidelines are stated broadly so as to allow specific cultural values and beliefs to be taken into account and to optimize use of local assets and resources. They include development of an understanding of local barriers and obstacles to progress and, in fact, embrace those barriers as part of the nature of the community. Although it is important to note that the model is a research-based tool, the real validation of the model comes from the many communities that have discovered the utility of the model and have claimed it as their own. Development of the model has been greatly enhanced by input from these communities, which have provided feedback that has allowed us to make modifications to make it even more useful. It truly is a model that has successfully made the journey from research to practice.

Table 29.1 lists and defines the stages of community readiness. Although each stage is qualitatively distinct and describes particular characteristics that are likely to be present if the community is at that stage of readiness, there is an underlying continuum. Movement toward each next stage of readiness is not a sudden leap; it is a thoughtful progression. One stage is not necessarily better than another; rather, the point of identifying stages is to direct the development of appropriate strategies. Each stage is a journey to the next, and the events that mark the journey provide more direction to reach realization of the vision. The community may be reasonably comfortable at whatever stage of readiness exists at the outset, and change is almost always associated with at least some anxiety

and resistance. Although there is a conscious effort to induce change, it is particularly important to recognize that change cannot be instantly produced—it must be thoughtfully planned and executed and involve the people of the community. Resistance to change is part of the nature of most individuals as well as communities as entities. Identification of the stage of readiness provides definition for strategy development and shapes the direction of the intervention.

It is important to recognize that different segments of the community may be at different stages of readiness. This is to be expected and only offers more insight into the process. The model allows for these differences and encourages the use of differing strategies for the differing segments of a community. The community readiness model provides a clear structure for bringing all segments of the community to the same page. Understanding of the stages and what defines them is essential to understanding the further implications of community readiness and how the theory can be applied to produce change in communities (see Table 29.1).

CULTURE AND THE STAGES OF COMMUNITY READINESS

Community readiness theory is certainly not culture free. It is strongly grounded in research assumptions about effective community action that are characteristic of a Western viewpoint. It was created based on a Western assumption of how concrete planning occurs. It defines what types of actions will be needed—actions such as changes in policy, education, training, communication through media, and so on—that rely on essentially Western methods. The theory also makes the Western-style assumption that continued progress will involve scheduling meetings, networking across agencies or

groups, obtaining and committing resources, and so on, in a Western style of structure. All of these assumptions are deeply grounded in the values and beliefs of Western society.

The utility of the model, however, goes far beyond Western culture. The methods used to implement change in community readiness are all translatable to the differing styles of communication, values, experience, networking, and policy change of the various cultures of a community. The decision as to the specific interventions used and the avenues chosen are based on the fundamental principle that community change is and should be in the hands of the community. Because of this, although community readiness theory is not culture free, it is, more important, culture embracing. It encourages the development of creative cultural strategies. For example, the higher stages of readiness involve evaluation, and in most of our papers on community readiness theory, that evaluation is described in terms of Western culture and society. This generally means that evaluation will be data based and will assess whether the program was effective based on “the numbers.” It should be recognized that once changes in readiness are in the hands of a community team, a Western form of evaluation may not be culturally appropriate. The community team is encouraged within this model to implement more culturally appropriate evaluations that are equally effective and hold greater import for that specific community. For instance, in some traditional American Indian tribes, evaluation planned by a community team might draw more from the oral tradition of accurately “telling the story” of a program’s implementation and its struggles and successes. It may use “talking circles” rather than focus groups and present information in a more circular structure rather than the standard linear structure favored by Western culture. This is not only more culturally

Table 29.1 Community Readiness Stage Definitions

1. *No awareness.* The issue is not generally recognized by the community or the leaders 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, etc.).
2. *Denial.* There is usually some recognition by at least some members of the community that the behavior itself is or can be a problem, but there is little or no recognition that this might be a *local* problem. If there is some idea that it is a local problem, there is a feeling that nothing needs to be done about this locally. "It's not our problem." "We can't do anything about it." Community climate tends to match the attitudes of leaders and may be passive or guarded.
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 about it, but there is no immediate motivation to do anything. There may be stories or anecdotes about a 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.
4. *Preplanning.* 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.
5. *Preparation.* Planning is going on and focuses on practical details. There is general information about local problems and about the pros and cons of efforts (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 modest support of the efforts.
6. *Initiation.* Enough information is available to justify efforts (activities, actions, or policies). An activity or action has been started and is under way, but it is still viewed as a new effort. Staff are in training or have just finished training. There may be great enthusiasm among the leaders because limitations and problems have not yet been experienced. Improved attitude in community climate is reflected by modest involvement of community members in the efforts.
7. *Stabilization.* One or two efforts 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 a need for change. There may or may not be some form of routine tracking of prevalence. Community climate generally supports what is occurring.
8. *Confirmation/expansion.* 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 using efforts. Original efforts have been evaluated and modified, and new efforts are being planned or tried 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 the 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 progress, community climate may challenge specific efforts but is fundamentally supportive.

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Table 29.1 Continued

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9. *Professionalization.* Detailed and sophisticated knowledge of prevalence, risk factors, and causes of the problem exists. Some efforts may be aimed at general populations, but 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. However, community members should continue to hold efforts accountable for meeting community needs, although fundamentally they are supportive.
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congruent but is also a valuable lesson for scientists who view culture as bound into Western scientific values. They tend to focus more on rather limited, data-based measures of program “success.” They should learn from these tribes and expand their concept of evaluation to include assessing what the community values and identifies as important factors rather than what scientific theory may view as “success.”

MAKING CHANGES WHILE MAINTAINING CULTURAL INTEGRITY

Some groups have raised the issue that community change may threaten cultural integrity. There has been concern that entities might attempt to use the community readiness approach as a tool of manipulation. This is not a concept implicit in community readiness theory. Although it is a powerful approach and attempts could be made to use the framework to attempt to impose change on a community, use of the model mandates community investment in the process. Change is not easy, and if there is no community investment, change will not occur. In fact, the methods of intervention recommended at each stage would have to be altered significantly if the model were to be used for manipulation. It would be unlikely that such intervention methods would involve the community in the

process, making the success of such manipulation improbable, if not impossible. Certainly, it was not our intent in developing community readiness theory that it should be used in this way. The cultural validity of interventions developed using the community readiness model is virtually guaranteed because even in the earliest stages of readiness, the interventions and movement toward change are placed in the hands of concerned community members. The community, therefore, determines whether the goal is valid within their culture and develops the approaches to achieving that goal within their own framework of cultural values and beliefs.

An understanding of whatever issue is being addressed and the nature of the community can be developed using the model even for communities in the very early stages of readiness. At the “no awareness” stage, the community at large does *not* recognize the issue as a problem. With the exception of one person or a small group of people, there is essentially no motivation within the community for change. But that one person or small group of people *can* and have made a difference in their community. Initiating change, then, requires efforts aimed at gaining more investment from the community. The following case study illustrates the utility of the model when a community is at the stage of no awareness, but one person acting makes a critical difference.

This particular case study has several interesting facets that made the situation quite

challenging. The community is located in a remote area in the Northwest. It is a subsistence community, meaning that there are no jobs or industry but rather only fishing and hunting and a sense of community that gets the people through the long, hard months of winter. Only about 25 families lived in the community, and of those, most suffered from problems with alcohol and drugs. Drunken behavior was commonplace in the community and had, in fact, become a way of life for most families. One woman, who had left the community years earlier, decided she wanted to return to her home to fill a helping professional position. When she arrived back in the community, she was greatly saddened by all of the drunken behavior and loss of culture. Unable to find support to improve conditions from within her community, she decided to seek help from outside resources. She happened to cross paths with our center by attending some workshops held on the community readiness model. Those workshops caught her attention and, as she said later, "gave her hope that changes could be made and that she could make them."

Because the model offers a structure to follow, it is a tool that can be used by anyone wishing to make community change. This woman knew she needed to get community members involved in identifying and owning the problem, identifying potential barriers in their own language and context, and collaborating in the development of interventions that are culturally consistent with their population. At first, she reported that it seemed to be an insurmountable task. But she persevered and followed the structure of the model, step-by-step.

This woman determined that her community, due to its isolation and long history of alcohol abuse, was in the stage of no awareness. She used the strategies recommended for that stage (i.e., one-on-one visits with other community members for informal talks about her concerns, talking with other mothers who

had concerns for their children growing up in a toxic environment, and attending small, existing groups to just sit and talk informally). As she garnered more support, she also began to count the incidents of public drunkenness and the number of people who seemed to have problems with alcohol use. She kept track and then shared the information with her church group and businesses. She posted some of those "statistics" in public places to create more awareness. It wasn't long until she began to have more support from other mothers, teens, and businesses.

Today, she believes her community has moved up to the fifth stage—preparation. More than 20 people have gone into treatment, peer support groups are now active in the community, and the youth have begun community cleanup activities as part of their sobriety movement. One woman began this change. We know that effective community prevention must be based on involvement of multiple systems and utilization of within-community resources and strengths, but it takes only one committed individual to get it started. Margaret Mead said, "Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."

This case illustrates the point made above about how it would be difficult to use the community readiness model in a manipulative fashion. There is a self-correcting factor built in. Although one person may be imposing his or her values up to a certain point, once the community is involved in resolving its own issues, further movement will not occur unless there is a much broader base in the community wanting change.

The challenge of imposing values also exists at the denial stage because intervention of one or a few is often needed to move the community to the vague awareness stage, where it may be able to take charge of its own problems. However, the issue of imposed

values becomes less prominent at this stage. Denial can mean that the community at large does not recognize that the problem exists. Someone in the community needs to collect data or provide confirmation that the problem does exist. Once that evidence is available, the community will gradually recognize that the issue may be a problem. Denial can also mean that the community recognizes the problem but is disempowered to do anything about it. This could result from grief, trauma, apathy, or helplessness. Providing information and structure that suggest something *can* be done may be enough to alleviate that difficulty and mobilize the community to action.

At any other stage of readiness, there is at least some recognition by a significant portion of the community that there is a problem and that it may be possible to do something about that problem. At and above the vague awareness stage, there is also the greater potential to form a community team to work on the issue. However, the goals still need to be accepted as legitimate by that team, or movement toward those goals will not take place without challenge.

DIMENSIONS OF COMMUNITY READINESS

Community readiness theory proposes that readiness has six dimensions: community efforts (programs, activities, policies, etc.), community knowledge of the efforts, leadership (includes appointed leaders and influential community members), community climate, community knowledge about the issue, and resources related to the issue (people, money, time, space, etc.). These dimensions are very comprehensive in nature and provide an excellent community assessment as well as a diagnostic guide to provide information as to what type of intervention is needed in which area. For example, the dimension of leadership may

be one or two stages lower than efforts. This information would tell a community that it needs to begin interventions with its leadership in order to bring about greater systemic mobilization. Or community knowledge of efforts may be lower than the other stages. This would indicate that interventions are needed appropriate to their stage to raise awareness of what has already been done in the community to address the issue. The dimensions, however, are sufficiently correlated such that one aspect of community readiness is not generally more than two stages removed from the other dimensions. Another example might be that if a school develops or initiates a drug abuse prevention program but community climate (parents and youth) does not support that program, resources to maintain the program will not continue to be available, and after a while, the program will disappear. At any stage of readiness, one or more dimensions may lag or may be slightly ahead, but at each stage, each dimension needs to be evaluated and efforts expended to bring any lagging behind up with the rest so that progress can be made toward the next stage.

When progress is blocked or barriers are encountered, the community team can reassess each dimension and the overall stage of community readiness. It could be that the team tried to initiate interventions appropriate for stages beyond the stage where the community is currently. If this is the case, they can simply move back a stage and make sure that they have developed all dimensions of readiness to the next stage before trying to move on. In some cases, although the community might have been at one stage at one time, circumstances such as changing leadership, other community issues requiring focus, closing of a program, or loss of a key resource may have required the community to revert to an earlier stage of readiness. In such a case, strategies for interventions would need to change to reflect this changed level of readiness.

CULTURE AND THE DIMENSIONS OF COMMUNITY READINESS

The dimensions are not culture specific, but they have to be carefully interpreted within the context of the culture of each community, and it may be that different dimensions assume particular cultural importance at different stages of readiness. For instance, if the culture is strongly authoritarian, with top-down decision making, and the community is at the preparation stage of readiness, leadership can impose ideas, and leadership will therefore be the most important factor in initiating any new efforts. This may be the case in some religious communities. But even in an authoritarian culture, the other dimensions are certainly not meaningless. In an authoritarian culture, the community may bow to the will of leadership, but if an effort is going to be effective within the community, eventually community climate has to support the goals and the means taken to achieve those goals.

Another culture may not have authoritarian leaders but will have powerful cultural leaders. For example, elders or spiritual leaders serve this function in some American Indian tribes. In these cultures, there are individuals who are looked to for their approval and acceptance of any actions that the community eventually takes. At every stage of readiness, therefore, if it is necessary to move the dimension of community climate, that change must start with and involve the cultural leaders.

Another cultural style occurs in highly collaborative cultures, where all decision making is essentially a group function. Some of the specific statements about the leadership dimension are not as appropriate in these cultures because in these communities, leadership takes a different form. There are, however, still key people—informal leaders or individuals who are listened to and who hold a great deal of influence with the community at large. This may be the town barber or beautician, or

it could be clergy or some other credible person who talks and interacts with many people on a daily basis. These individuals hold the pulse of the town and serve as informal leaders. As long as the community team is flexible and aware of these unique cultural elements, growth and movement will occur.

DEFINING COMMUNITY

Rappaport and Simkins (1991) discussed the context of community involving a set of themes, beliefs, and ideas about past and present members of the community. They recognized the power in these beliefs. That power comes from the repetition, internalization, and enactment of community stories and is derived from the community's historical sense of itself. This is an important factor that defines the community and should guide the types of interventions to be used. The historical sense of the community holds strong importance when intervening in ethnic communities. For example, we cannot minimize the tremendous impact that historical issues have had on native people in general. In taking a look at American Indians today, we can see the effects of grief and loss passed down from generation to generation in native communities—effects such as higher rates of substance use, violent crimes, conflicted parenting roles, loss of cultural traditions in some cases, higher suicide rates, higher poverty rates, and higher rates of certain diseases. The grief, loss, and trauma must be acknowledged when working in these communities. Native people are not the only group with these tragic histories, and such issues are not only in the past. However, we also know that cultural traditions hold strong resiliency factors that should guide intervention and media messages in these same communities.

Therefore, it is important to really think about the history of the community and to define the boundaries of community.

Community readiness is a general theory that applies successfully to any group, but it makes most sense as an intervention method when applied to a reasonably focused target audience and focused on a specific issue.

The definition of *community* also depends on the problem or issue being considered and the systemic level where the problem needs to be attacked. A community of place is where residents experience their society and culture. Towns and neighborhoods are communities of place. However, organizations have also successfully used the community readiness model. As an example, one organization employed community readiness to determine if its board of directors and staff were ready to embrace the concept of cultural competency. After a thorough assessment, this organization formed a committee to begin the intervention process at the level of readiness for the board as well as the staff. The assessment was very informative, and the intervention moved quickly and successfully toward establishing cultural competency within the organization. Community readiness theory applies to either a community of place or a community of interest. It's all in the definition.

The definition of the problem also helps in defining the nature of the community. Although youth drug use is definitely a community problem, school personnel may be the first to recognize the problem and therefore the first to begin some type of intervention. The school may want to reach further into the community system and pull in other entities such as parents, agencies, local government, and law enforcement to support their effort. Action on a problem has to involve the whole community, and depending on the size and demographic makeup of the community, different strategies may be needed to intervene in the different subgroups. In this case, separate assessments could be conducted with the various subgroups to more effectively identify what strategies hold the most potential for success. This would then ensure that the

efforts for each subgroup would be culturally reliable and thus bring about change throughout all components of the community.

ASSESSING COMMUNITY READINESS

Key Informants. Community readiness is assessed by interviewing key members of the community, using a series of questions that ask about what is occurring in that community. Responses to these questions are then used to rate the community on each of the six dimensions of readiness. Selecting the key informants is an important task. It is important to consider the community's cultural and physical context. A key informant is someone who knows about the problem or issue of concern—not necessarily a leader or decision maker. It is best to choose people who have resided in the community for at least 5 years so that they are more likely to know the nature and structure of the community. Different key informants might be used for different problems, but key informants are all going to be people who are involved in community affairs, know what is going on, and are familiar with the culture of the community. Four to six key individuals can be interviewed to obtain reliable information. Of course, more interviews can be conducted if the team wishes to do so and if it seems important politically to do so. Some communities have conducted 10 to 15 interviews in an effort to be inclusive and not omit anyone who may be a key stakeholder with regard to any component of potential interventions. It is important to note that this data-gathering method is *not* random sampling. Rather, it is an accepted and reliable method of assessment that is derived from established ethnographic methods.

It is not usually necessary to develop a strong personal relationship to obtain accurate data about most problems, although some issues relating to behaviors viewed as highly deviant may require a high level of trust

between interviewers and key informants. Telephone interviews are usually adequate to assess community readiness, although in some cultures, there are important key informants who cannot or should not be reached by telephone for a variety of reasons. In those cases, a personal interview is necessary.

The Interview. With a semistructured interview, information can be obtained from key informants systematically. The questions are structured so that they obtain information about a variety of key facets or dimensions within a community to reach conclusions about a very specific problem or issue. Although the interview must be adapted for each specific issue (because the dimensions remain the same no matter what the issue), these adaptations are easy to make. For instance, we have used the model within communities to assess readiness to address drug abuse prevention, alcohol abuse prevention, prevention of intimate partner violence, prevention of HIV/AIDS, prevention of head injury, and so on. The informants do not rate readiness themselves and, in fact, do not need to know anything about the theory of community readiness to participate in the interview. Anchored rating scales have been developed that help achieve accurate and detailed ratings.

Attention to Cultural Context. It is critical to take culture into account in doing a community readiness assessment. Although it is, of course, not possible to know about all of the specific cultural elements of each community, we must at least try to be sensitive to the cultural issues that we know exist in some groups. Some of the interview questions may need to be adapted to language or be phrased appropriately to a particular cultural context. The interviewing style may also have to be adapted to respect cultural differences. For instance, for older interviewees or in particular ethnic groups, it may be necessary to allow more silence after asking the question before

offering prompts. Some American Indian and Alaska Native people want to give more thought to a question before answering, and there may be what seem to the Western ear long periods of silence. The interviewer needs to be aware of this cultural difference and allow the person a respectful time to formulate his or her response.

USING THE COMMUNITY READINESS MODEL TO INCREASE READINESS

The stages of community readiness are consistent, in some ways, with stages of personal development. Once we know at what developmental stage a person may be, we have a fairly good idea of how he or she will characteristically respond to certain situations. We know what the next stage of development should be and what changes must take place if the person is to move to that stage of development. We also know that if we try to train the person in behaviors, attitudes, or cognitive styles that are well above his or her current stage of development, that training will either fail or the learning will be temporary and soon disappear.

Likewise, when we know the current operating stage of community readiness, we know how the community is responding to a specific problem. We also know what the next stage of readiness entails and how we can move the community toward that stage. If we try to move too fast, skip over stages, or even try to move too suddenly to the next stage, our chances of success decrease.

When the community readiness model is used to enhance readiness within the community, people can develop good ideas about culturally valid ways to move their community to the next stage. Those ideas are based on approaches and techniques suggested by the model for each stage that many communities have used with success; even more important, because they come from within the community,

they are likely to be appropriate to that community's unique cultural context. It is important to recognize that even small cultural differences can be critically important in this evolution.

CULTURE AND STRATEGIES FOR CHANGING COMMUNITY READINESS

Table 29.2 provides information on strategies appropriate for each stage. Action to change readiness at the stage of *no awareness*, when members of a community may not realize that a behavior is a problem, generally starts with one or more persons recognizing the need for change. They must then identify key people important to creating change and work with them to create awareness of the problem. Knowledge of local context and local culture is essential in selecting influential people who may be sympathetic toward viewing the behavior as a problem. Typical interventions may include visiting families and neighbors in a one-on-one setting to increase awareness of the existence or extent of the problem. Informal and brief but impassioned presentations might be made in existing small groups (Sunday school, social groups, small circles of friend, community organizations, etc.). Phone calls may be another effective intervention at this stage. Media can be used, but with care. Small mentions about the issue may be made in church bulletins or local newsletters, but caution should be exercised in using media at this stage. One reason is that if there is no awareness of the issue, such efforts are a waste of time because they generally will not even be noticed or acknowledged by members of the community. Media attention might even create problems or resistance by threatening or seemingly targeting certain elements of the community before the community is

able to embrace the issue as a community problem at a later stage of readiness.

At the denial stage, the focus is on creating awareness that there *is* a problem in *this* community and that, indeed, it might be possible to do something about it. There is sometimes enough recognition of the problem by at least a few people so that a small team or group can be formed, but it is essential to work carefully in selecting the team. At this stage, an influence or resource must help the team recognize that there is a local problem and that there are possibilities for doing something about it. Generally, descriptions of local incidents are likely to create more awareness for a community than statistics or data at this stage. It is also possible to use critical events (such as a major car accident involving alcohol to promote sobriety), although such incidents must be used carefully and with great sensitivity. Community members may be grieving, and it is important to make certain that any efforts be done compassionately with all families considered. These types of critical incidents are very powerful if used sensitively and can mobilize a community quickly.

At the vague awareness stage, community teams may be able to use interventions that include small-group events that are cosponsored by a church or civic organization (such as potlucks or potlatches) to increase community awareness and begin initiating action. Other specific interventions appropriate for this stage include use of newspaper editorials or articles and printing of local information in local media. It is important to be creative in considering the use of media and the cultural context in which the information is presented. National or statewide data may still make little impression on local residents, particularly when there are ethnicity differences involved. However, local survey data can be used to great advantage (e.g., results of school surveys, phone surveys,

Table 29.2 Community Readiness Strategies

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1. No awareness

Goal: To raise awareness of the issue

 - One-on-one visits with community leaders and 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

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

 - Continue one-on-one visits and encourage those you have 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, and so on
 - Present information to local related community groups
 3. Vague awareness

Goal: Raise awareness that the community can do something

 - Present information at local community events and unrelated community groups
 - Post flyers, posters, and billboards
 - Begin to initiate your own events (potlucks, potlatches, etc.) to present information on the issue
 - Conduct informal local surveys/interviews with community people by phone or door-to-door
 - Publish newspaper editorials and articles with general information but relate information to local situation
 4. Preplanning

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 benefits and what the degree of success has been
 - Conduct local focus groups to discuss issues and develop strategies
 - Increase media exposure through radio and television public service announcements
 5. Preparation

Goal: Gathering 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
 - Present in-depth local statistics
 - Determine and publicize the costs of the problem to the community
 - Conduct public forums to develop strategies
 - Use key leaders and influential people to speak to groups and participate in local radio and television shows
 6. Initiation

Goal: Provide community-specific information

 - Conduct in-service training for professionals and paraprofessionals
 - Plan publicity efforts associated with start-up of program or activity
 - Attend meetings to provide updates on progress of the effort
 - Conduct consumer interviews to identify service gaps and improve existing services
 - Begin library or Internet search for resources and/or funding
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(Continued)

Table 29.2 Continued

7. Stabilization	<p><i>Goal: Stabilize efforts/program</i></p> <ul style="list-style-type: none"> • Plan community events to maintain support for the issue • Conduct training for community professionals • Conduct training for community members • Introduce program evaluation through training and newspaper articles • Conduct quarterly meetings to review progress, modify strategies • Hold special recognition events for local supporters or volunteers • Prepare and submit newspaper articles detailing progress and future plans • Begin networking between service providers, community systems
8. Confirmation/expansion	<p><i>Goal: Expand and enhance services</i></p> <ul style="list-style-type: none"> • Formalize the networking with qualified service agreements • Prepare a community risk assessment profile • Publish a localized program services directory • Maintain a comprehensive database • Develop a local speakers bureau • Begin to initiate policy change through support of local city officials • Conduct media outreach on specific data trends related to the issue
9. Professionalization	<p><i>Goal: Maintain momentum and continue growth</i></p> <ul style="list-style-type: none"> • Engage local business community and solicit financial support from them • Diversify funding resources • Continue more advanced training of professionals and paraprofessionals • Continue reassessment of issue and progress made • Use 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

focus groups, small and specific public forums, etc.). It is important to present data about the community as a whole, however. Breaking down data and comparing ethnicities or other identifiable groups can be extremely detrimental to a community-wide effort, and we strongly caution against doing this. One exception to this would be if data contradict local stereotypes that assign the problem or issue to a specific subgroup. Even in such an instance, however, comparisons should be made with great caution.

At the preplanning stage, community teams focus on raising awareness with some concrete ideas about how to begin making changes. One primary goal is to gather information about what is already being done, who is

doing it, and how these efforts are being accepted within the community. For example, when the problem is adolescent methamphetamine use, a valid and reliable school drug and alcohol survey can be initiated at the preparation stage so that accurate local data are available. These surveys can also serve as a diagnostic on where to begin interventions (i.e., at what age does use begin, where is use taking place, how easily is the substance obtained, etc.). Community telephone surveys could also be initiated to gain information about community attitudes and beliefs related to methamphetamine use, and in-depth local statistics can be gathered. Presenting information about the peripheral effects of methamphetamine use and how it is made also may be

important to engage environmentalists and others who may think they have no vested interest in local methamphetamine use. This process broadens the base of concerned members of the community and increases the likelihood for success of efforts to prevent methamphetamine use. A key intervention at this stage may include conducting local focus groups or small public forums to put the problem in context and identify strengths and resources. Media interventions should still focus on local information, although they may begin to pull in some national data that can be used as a comparison. Stories should be developed about the various programs/curricula that are available for use so that people are aware of them and can comment with a broader knowledge base.

For communities in the stage of preparation, the goal is to gather existing information with the intention to make final decisions, plan strategies, and select and train people who may be involved in any interventions. The community team also makes decisions about whether to use preexisting curricula and educational materials. The team should consider what has been found elsewhere to work or not to work, as well as give careful thought to the demands of their unique cultural context. At this stage, it is helpful for the local teams to get as much information as possible (Internet, conferences, etc.) about the kinds of things that have worked in other communities similar to theirs. They can also begin to select ways to make their efforts culturally relevant to their community. More diverse focus groups, public forums, or call-in radio or television talk shows can be used to gain input from a wider representation of the community. When the efforts that are going to be started require it, either trained personnel are recruited or people are selected for the task and their training is started.

Communities at the initiation stage have selected culturally valid policies, programs, and activities and are putting them in place.

Community teams are encouraged to view resources broadly and to try to find local resources that can be maintained over the long haul. They know their community, and they know their resources and what types of activities or programs are appropriate for their community. To move to this stage, they have gained the support of leaders and of many community members. They can now focus their work toward getting policies in place and begin to conduct training for professionals, paraprofessionals, and community members. Another intervention at this level may be to conduct consumer interviews to gain more information about improving services and identify service gaps. Computer searches can be completed to identify potential resources that match community needs.

For communities in the stabilization stage, the goal is to stabilize or institutionalize their efforts. The interventions allow for planning of community-wide events that are likely to be attended by community members now, as opposed to when the community was at an earlier stage, because more people are invested in the process. Training can be offered to community professionals as well as community members, and the idea of evaluation can be introduced and adapted to the particular cultural context for determining the impact of the team's efforts and identifying other areas in which improvements are needed. Information about how well the efforts are working can be distributed to the public through appropriate local media. Special recognition events for local support—businesses, agencies, or volunteers—can be held to spark more interest in support. If there are programs based on grant funds or temporary funds, it is appropriate at this stage to try and find ways to maintain these programs with local resources. Formal networking between programs should be established. The community at this stage is generally applying the community readiness model to other important issues as well.

Communities at the confirmation/expansion stage focus on expanding and enhancing the services and policies they now have. Focus groups at this stage are geared more toward consumer satisfaction and identification of service gaps or needed modifications. For the rare community that has achieved the final stage, professionalism, interventions are aimed at maintaining the momentum and continuing growth. These communities maintain a very high level of data collection and analyses, track trends with sophisticated media, maintain and increase local business sponsorship of community events, and use external evaluation for consistent feedback and program modification. There is regular publication and dissemination of their learning to other programs and diversification of funding resources. For ethnic minority communities, this stage is frequently linked with efforts to transfer what they have learned to other ethnic minority communities who need their programs. In doing so, they may become community readiness trainers themselves.

All community groups or teams do not need to engage in all of the described activities; the teams are expected to have a good basis for knowing what is needed in their community, what is culturally appropriate and inappropriate, and what kinds of actions they are going to want to take. The community readiness model helps teams to recognize that when they appear to be blocked from moving forward to initiate or advance these programs, it usually means that they have misjudged the stage of readiness or ignored one or more dimensions of readiness. If this is the case, it is easy to move back and use strategies for earlier stages.

In summary, effective and sustainable community mobilization must be based on involving multiple systems within the community and using the unique resources and strengths of that community. Efforts must consider historical issues and be culturally

valid and accepted as long term in nature. The community readiness model takes these factors into account and provides a practical tool that communities can use to focus and direct their efforts toward a desired result, maximizing their resources and minimizing discouraging failures.

It is hoped that the communities that use this method will provide feedback to the authors on their experience with the model. In many ways, this model has evolved and been improved because of the feedback provided by those using it. Many communities have maintained contact with the Tri-Ethnic Center for Prevention Research, reporting on their experiences using the community readiness model. Most have experienced few difficulties in moving forward through the stages. For those communities that have not moved forward, the reasons are varied, but consistent themes have been political changes within the communities, tribes, or villages and/or personnel changes. For some, a critical community crisis has arisen that has forced the problem originally being addressed into the background as the community dealt with an even more immediate problem. The majority of communities that have used the model, however, have experienced success in developing and applying their strategies. Furthermore, many communities have indicated that they will continue to use the model not only to monitor their progress and develop their future plans regarding the issue they first addressed using the model but also to assist them in creating their own vision and addressing other community problems of concern.

The way you get meaning into your life is to devote yourself to loving others, devote yourself to your community around you, and devote yourself to creating something that gives you purpose and meaning.

—Morrie Schwartz, *Tuesdays With Morrie* (Albom, 1997, p. 127)

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