

# Community Readiness: The Journey to Community Healing†

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**Abstract**—Community readiness is a research-based theory that provides a basic understanding of the intervention process in communities. This theory allows us to accurately describe the developmental level of a community relative to a specific issue or problem. In order to move the community toward implementing and maintaining efforts that are effective and sustainable, community mobilization must be based on involvement of multiple systems and utilization of within-community resources and strengths. 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. The community readiness model is an innovative method for assessing the level of readiness of a community to develop and implement prevention programming. It can be used as both a research tool to assess distribution of levels of readiness across a group of communities or as a tool to guide prevention efforts at the individual level. This tool has proven useful in addressing a gamut of problems ranging from health and nutritional issues to environmental and social issues. The model identifies specific characteristics related to different levels of problem awareness and readiness for change.

**Keywords**—community healing, community readiness, needs assessment, prevention, substance abuse

On a Spring day in March 2001, a Native woman from Alaska came to the Tri-Ethnic Center in Colorado looking for help. Her small village had suffered the loss of several of their youth in the six months prior to her visit. She described a community immobilized by grief, yet motivated to find a way to stop the suicides. She had heard of a model developed at the Tri-Ethnic Center that gave her hope. She invited Center staff to her village to conduct a workshop using the model. The training staff made the long trip

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expecting approximately 15 to 20 people from the village to attend the workshop, if that many, given the short amount of time for preparation. They were overwhelmed to step into a community center to find almost 100 Native people, young and old. Six villages had gathered in unity to save their children. They were a grief-stricken audience who had spent a lot of time and money to gather in this one village. Despite the difficulty and cost of travel to remote Alaskan villages, these concerned people found a way to get there. The outer walls of the community center were lined with elders who had come in to support the effort—most couldn't hear what was going on, some were blind, yet they sat there from eight in the morning until 11 at night in order to offer their caring and their support. The benches were hard, yet their stamina came from the heart. Initially, the people spoke of their grief, losses and their inability to move forward because of the pain in their hearts. The concept of the model was presented, then the people divided into village groups.

They used the model to assess their village's stage of readiness, then to identify their strengths and resources. They later talked about how grateful they were to find those strengths because they had forgotten them or didn't recognize them as strengths. Then the representatives from each village, through their commitment and caring, developed a proactive plan to stop the suicides using the resources in their respective villages. The youth were also there and formed their own group to develop strategies to offer support to friends in school. Those from the outside, looking at this small village, might think the resources very sparse, given that the villages are small and have no shelters, counseling centers, or the usual entities that are considered to be resources. However, their resources came from the heart—their volunteerism, their culture, their creativity and their readiness to change. Each village stood and shared with the others the strategies that they had developed. They were motivated and though the grief was still there, there was also hope. It was a very moving experience. All six villages then formed a larger circle and, again using the model, worked together to brainstorm their action plan to keep intervillage communication and support going. These villages were ready for change and made changes in their communities that significantly reduced youth suicide. To this day, they continue their efforts. They created a vision and they have kept it going.

We often hear that it takes a village to raise a child. While that is true, it is also imperative that the village be ready to assume the responsibility or it just won't happen. The village mentioned above was ready. They knew that mobilizing and changing a community system would require 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 in fact, may never have public support. Locally initiated efforts are not always successful either. They may 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 for 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) suggests 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 it can be effected, but the readiness or unreadiness of the entity needing change."

In the authors' 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 one from another. Resources also vary from community to

community as do strengths, challenges and political climates. It isn't really surprising, then, that what works well in one community may be minimally effective in another community. Readiness is an important factor, because differences in readiness indicate what needs to be done. Each community needs to use its own knowledge of its assets and limitations, its culture and characteristics, its values and beliefs, to build policies and programs that are congruent with the community's characteristics and that meet the community's needs. The Community Readiness Model helps communities create a vision and work toward achieving it in an orderly fashion.

The authors have heard many stories from helping professionals about outside consultants who have been called into a community to prescribe solutions for community problems but have met with only minimal success. This in no way reflects on the expertise of the consultant, but only proves that in a short period of time, it is rarely possible to acquire an understanding of the cultural nature and political climate of a community that is necessary to develop appropriate strategies and programs. When those "experts" leave, their "prescription" often falls by the wayside.

Communities have also shared stories about their frustrations related to implementing an intervention or curricula that requires a great deal of resources, human or financial. Because they are unable to access those resources, the strategies fail. Finally, because so many different sectors of a community may be affected by a community problem, efforts for prevention or intervention are often fragmented. It is not unusual for one agency to know nothing about what another agency may be doing. In order to effectively mobilize a community and implement potentially sustainable community change, it is essential that a community pull together in the development of interventions appropriate to their unique situation and region. It is our contention that the real experts are those who reside within each community. All they may need are the proper tools. The Community Readiness Model (Oetting et al. 2001; Edwards et al. 2000; Plested et al. 1999, 1998; Donnermeyer et al. 1997; Oetting et al. 1995) is one such tool.

Community readiness is a research-based theory that provides a basic understanding of the intervention process in communities. An article by Edwards and colleagues (2000) 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 one to accurately describe the developmental level of a community relative to a specific issue or problem. It defines the developmental stages that have to be worked through in order to move the community toward implementing and maintaining efforts to reduce the problem, and provides specific guidelines at each stage for the type and intensity level of strategies that may lead to movement to the next stage. Finally, it provides direction

to the community on how to achieve the necessary community involvement to create a vision which 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 who 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 who have provided feedback for modifying the readiness tool to make it even more useful. It truly is a model that has successfully made the journey from research to practice.

The Community Readiness Model is an innovative and easy method for assessing the level of readiness of a community to develop and implement prevention and/or intervention. It was originally developed at the Tri-Ethnic Center for Prevention Research at Colorado State University to address alcohol and drug abuse prevention efforts. However, it was soon discovered that, as in the case study above, it encompassed the broader aim of assessing readiness for a variety of issues ranging from health and nutritional issues (such as sexually-transmitted diseases, heart disease, and diet), to environmental issues (such as water and air quality, litter and recycling) and other social issues (such as poverty, homelessness, and violence). The model has already been successfully applied to prevention of intimate partner violence, HIV/AIDS prevention, methamphetamine prevention, and environmental trauma, suicide, and head injury prevention. The model identifies specific characteristics related to a community's history, resources, level of problem awareness and readiness for change. In order to increase an intervention's chance of success, its introduction in a community must be consistent with the awareness of the problem and the level of readiness for change present among members of that community.

The model proposes that a community has six primary dimensions that need to be explored to order to obtain a clear picture of the community. The six dimensions are: 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.) Specific questions relating to each of the dimensions assist in a community assessment and act as a diagnostic tool to provide information as to what type of intervention should be planned within each of the dimensions. Each dimension is scored using a nine-stage level of readiness scale.

The Community Readiness Model identifies nine stages of readiness. The first stage, no awareness, suggests that the behavior is normative and accepted. Denial, the second stage, involves the belief that the problem does not exist or that change is impossible. The vague awareness stage involves recognition of the problem, but no motivation for action. The preplanning stage indicates recognition of a problem and agreement that something needs to be done. The preparation stage involves active planning, and the initiation stage involves implementation of a program. Stabilization indicates that one or two programs are operating and are stable. Confirmation/expansion involves recognition of limitations and attempts to improve existing programs. The final stage, professionalization, is marked by sophistication, training, effective evaluation, and use of the knowledge gained to apply the readiness knowledge and skills to other problems in the community.

## ASSESSMENT

The Community Readiness Model can be used in two phases, assessment and application/mobilization. During the assessment phase (the first step in the community readiness process), the goal is to determine the stage of readiness for the particular problem involved. For example, a community may have a strong, stable program for drug abuse prevention, but community members may still be at the denial stage for utilizing the program or even accepting that they may need the program. The program is therefore underutilized, and without consumer recognition, utilization and support will likely fail. It's important that strategies be planned in collaboration with key people in the community. This results in a higher level of cultural integrity and a greater investment by community residents to enhance the intervention. The end result is an increased potential for mobilization of the efforts. Because community members assist 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 populations, the investment for success is greater.

Because the consequences related to a specific problem often affect many segments in a community, it is very unlikely that any one organization or person will have the complete picture. The consequences of substance abuse, for example, may include one or more of the following: birth defects, child abuse/neglect, property damage, injuries and fatalities, criminal activity, lost productivity, on-the-job problems, and emotional distress. To assess a community's level of readiness to address that problem, a key informant survey is used to obtain fact-based information from several community people knowledgeable about the issue. The survey questions are designed to tap into specific areas of information and can be modified to be more consistent to the culture, language, and resources in a community.

The transcribed interviews are then scored on each of the six dimensions in the model, which are anchored by descriptive statements that can be utilized for ranking the responses of each interviewee on each dimension. In order for a particular score to be assigned, the conditions set forth in all lower ranking anchor statements must have been satisfied as well. After reviewing the ratings on all six dimensions for all interviews in a given community, the interviewer can then assign the community to the stage which best represents the aggregate ratings of the dimensions.

### APPLICATION/MOBILIZATION

Once a community readiness stage has been assessed, it is time to develop strategies for moving the community from its current level to the next higher one. The interventions suggested below comprise a very brief review of potential interventions for each stage. For communities in the first four stages (no awareness through preplanning) effective strategies are aimed at raising a community's awareness that a problem exists. For instance, activities at the stage of no awareness are focused on the singular goal of raising awareness of the issue. Intervention activities for communities at this stage should be restricted to one-on-one and/or small group activities. Home visits to discuss the issues and win people over, small activity groups, talking circles, and one-on-one phone calls have been used effectively by some communities who have assessed themselves at this stage, knowing that the problem is one which the community accepts as a way of life.

At the denial stage, the goal is to focus on creating awareness that the problem exists on a local level. National and sometimes even local statistics are less important than descriptive incidents that have direct significant impact on community members. At this stage personalized case reports and critical incidents are likely to be more successful than general statistics or data. Media reports, presentations to small community groups, and similar awareness-raising interventions can focus on the general problem in similar communities, but also must include local examples to create awareness that there is also a local problem.

At the vague awareness stage, the singular goal is to raise awareness that the community CAN do something about the problem. At this stage, members of the community can go to existing small groups to garner support and use existing community events to present information to a larger group of people. Native communities have had success using pot lucks or potlatches. Media efforts should focus on creating local newspaper editorials or articles about local incidents. National or regional data will still make little impression on community residents; however, local survey data can help to make the case for community mobilization around the issue—i.e., results of school surveys, phone surveys, focus groups, etc. It should be noted that at

this stage of readiness, some people in the community, such as school officials and parents, may be resistant to initiating these types of activities. However, they can still be persuaded through visits and phone calls by those who know them or someone who can appeal to their overall concern about the health of the community.

At the preplanning stage, the goal is to raise awareness with concrete ideas to combat the problem. At this stage, communities can begin to gather information related to existing prevention or treatment programming and why it does or doesn't work. They should begin to examine pre-existing curricula and educational materials that are currently in use in schools, churches, etc. Are they culturally relevant? What is their level of success? They should continue to make efforts to invest key people—leaders, formal and informal—in the planning process. This is the point where the initiators can also conduct local focus groups or small public forums to discuss the issues and make suggestions for using local resources. Media exposure can be expanded to present local data, local stories and tie them to national incidents and statistics.

For communities in the stages of preparation and initiation, efforts are generally aimed at gathering and providing community-specific information for the general public. At the preparation stage, the goal is to continue to gather and then review existing information that can be used to help plan strategies. At this stage, the community may want to utilize a valid and reliable school drug and alcohol survey so that accurate local data are available. Community telephone surveys could be initiated to gain information about community attitudes and beliefs related to the problem, in-depth local statistics should be gathered, and more diverse and wider-reaching focus groups should be held to gain a broader representation of the community and develop practical prevention strategies and proposals for grants to be initiated.

For communities at the initiation stage the goal is to provide community-specific information to all members of the community. At this stage, it is recommended that efforts be made to get everyone educated and working "from the same page." This would include conducting trainings for professionals and paraprofessionals, conducting consumer interviews to gain information about improving services, identifying service gaps, and utilizing computer searches to identify potential funding sources that match community needs. Publicity efforts might focus on education programs currently in use in the community, with feature presentations on specific programs and resources and how to access them, etc.

For communities in the final three stages—stabilization, confirmation/expansion, and professionalization—strategies are more programmatic in nature. For communities in the stabilization stage, the goal is simply to stabilize efforts or programs. This might mean initiating basic evaluation techniques in an effort to modify and improve

services, providing in-service training to increase the number and quality of trained community professionals, planning community events, offering community volunteer recognition events, and conducting community workshops.

At the confirmation/expansion stage, the goal is to expand and enhance existing services. The same types of activities can be utilized as in the stabilization stage, but at a higher level of sophistication. This might include utilization of external evaluation services to provide a more comprehensive community data base, initiation of activities that change local community policy/norms, and media outreach that focuses on presenting evaluation data and thus the trends, improvements, and areas of need that still exist. It is recommended that community focus groups and/or public forums still be used but with a different focus, i.e., to maintain grassroots involvement and continue to improve services based on consumer needs.

For the rare community that has achieved the final stage, professionalism, the goal is to maintain momentum and continue growth. Interventions at this stage consist of a very high level of data collection and analyses, sophisticated media tracking of trends, gaining local business sponsorship of community events, and diversifying funding resources. At this stage, communities may also utilize the knowledge gained and experience with the Community Readiness process to apply it effectively to yet another issue.

In summary, effective and sustainable community mobilization must be based on involvement of multiple systems and utilization of within-community resources and strengths. Efforts must consider historical issues, be culturally relevant and be 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. Thus it creates a vision which is sustainable and motivating.

It is hoped that the communities that utilize this method will provide feedback to the authors on their experience with the model. In many ways, this model is community driven because of the feedback provided by those using it. Many communities have maintained contact with the Center, 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/villages and/or personnel changes. For some, a critical community crisis has arisen which has forced the problem originally being addressed into the background as the community dealt with an even more immediate problem. The majority of communities who have utilized the model, however, have experienced success in developing and applying their strategies. Others have made plans for implementation and are seeking additional resources for startup of the programs. Some communities have chosen not to utilize funding, but rather to engage the community in volunteer action. In any case, many of the communities have indicated that they will continue to utilize the model to monitor their progress and assist in developing their future plans and creating their own vision.

In summary, "best practices" or "promising practices" in prevention are only best for a community when they are culturally appropriate and match the level of readiness within the community to recognize the problem, to understand the importance of prevention, to invest in, and to implement such practices.

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